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Worldwide Report

EPIDEMIOLOGY

No. 271

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TUBERCULOSIS CAMPAIGN LAUNCHED IN CHOBE

Gaborone DAILY NEWS in English 10 Feb 82 p 1

[Article by Molefe Mmamapilo]

[Text]

AN INTENSIVE Anti-TB campaign has been launched in the Chobe District after 22 cases of the disease were reported in the area.

Mr Stalin Kanyenvu and Miss Dorcus Kajane of the Kasane Health Centre have warned the residents in the area that TB was a dangerous disease which had claimed many innocent lives and that it was therefore up to the people to protect themselves against the disease by sending all TB patients to the hospital, clinics and health post for medical treatment.

Mr Kenyenvu deplored a tendency by some individuals who he said failed to report such cases to the Family Welfare Educators, under the eroneous and baseless fear that the health team made fatal mistakes on their patients. He called for co-operation with the health team to ensure the speedy eradication of the disease.

Mr Kanyenvu explained that a house-to-house campaign would start in the near future to attempt to cure and prevent the disease from spreading. He said the Kasane Health Centre intended to eradicate the disease in a reasonably short period of time and added that treatment for the disease would be free.

Mr Kanyenvu encouraged TB patients to take treatment as instructed by their doctors. He said failure to follow the doctor's instructions could result in the disease gaining strength and making it difficult for the patient to be cured within a short space of time.

Miss Kajane explained that TB took up to one-and-half years to be completely cured. She said the symptoms were loss of appetite, loss of weight, chest pains and night sweating.

The health assistants also said their Health Centre also aimed at eliminating the anopheline mosquito which transmits malaria. They noted that every house in the district would be sprayed with DDT towards the end of the year.

CSO: 5400/5879

ERADICATION OF PARAGUAYAN YELLOW FEVER HINGES ON PAHO AID

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 30 Jan 82 p 11

[Excerpt] Until the Pan-American Health Organization [PAHO] reaches a decision about the implementation of an intercontinental plan to eradicate the Aedes aegypti mosquito, transmitter of yellow fever, our country will be threatened with a reinfestation by this mosquito which exists in Paraguay in alarming proportions. Brazilian health officials declared yesterday in Brasilia that it does not come as a surprise to the Ministry of Health that all of Paraguay is infested by the Aedes.

Jose Fiuza, superintendent of SUCAM (Superintendency for Public Health Campaigns), is scheduled to return to Brazil Monday after participating in PAHO meetings to discuss intercontinental action to combat this mosquito and is expected to bring back a counterproposal made by PAHO and countries interested in that joint action.

"If we do not receive help from PAHO and other countries," the official of this sector asserts, "we are aware that we shall continue to spin our wheels, for with our programs of internal combat alone we shall not be able to prevent a reinfestation of our country by this mosquito."

As an example, the same source says that Paraguay has 20 health supervisors for its entire territory and this is not enough to combat the yellow fever mosquito.

In Brazil, more than 2,000 men are working in the health sector against the transmission of urban yellow fever, which is not transmitted from person to person but only through the bite of the female Aedes aegypti. Moreover, Paraguayan officials did not promote vaccination against the sylvan form of the disease, thus further impeding control efforts made by Brazil, which is endangered by land and sea.

In Sao Paulo, SUCAM's Regional Director Gildo Horta Aguirre stated emphatically that the Aedes aegypti strain was eradicated in the urban area more than 20 years ago and that only a few resurgences, rapidly eliminated, have appeared, confined to the port area of Santos.

In any case, vigilance and control of the yellow fever mosquito in Sao Paulo involves rigorous routine inspection in the 600 water-filled mud and glass traps strategically placed in vulnerable areas, such as ports, airports and interstate highways. "When mosquitoes land here, they seek water to lay their eggs and these traps hold them," Gildo Aguirre explains. According to him, in Santos alone there are 300 traps to kill these mosquitoes, and the traps are inspected weekly.

In addition, a team of 80 men are carrying on research in mosquito breeding places--so-called water collectors, such as water tanks, cisterns, cans and old tires--to combat the larva forms. Furthermore, according to the Sao Paulo SUCAM director, all ships considered suspicious are inspected and their compartments which could shelter winged forms of the mosquito are disinfected with aerosol insecticides.

Gildo Aguirre points out that if any larva is found in breeding places, eradication measures are immediate. The same inspection procedure is carried out with regard to railway cars coming from Bolivia to the Santos port where the cars arrive sealed. Airplanes coming from suspected places are also disinfected, whether domestic or foreign.

SUCAM's Sao Paulo branch stresses that there have been no cases of urban yellow fever in Brazil since 1942, and the 17 cases reported last year were of the sylvan form and occurred only in Amazonia and the central-western region. The appearance of the Aedes aegypti mosquito was reported in Santos last year and in 1980 on foreign ships and in railway cars. They were caught in traps and breeding places.

8568
CSO: 5400/2092

CHAGAS CARRIERS ESTIMATED TO NUMBER 4-5 MILLION

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 14 Feb 82 p 27

[Text] It is estimated that from 4 to 5 million Brazilians are carriers of Chagas disease. This disease covers an area of 2 million square kilometers representing 23 percent of the national territory. The disease could be practically eliminated from the country by increasing domestic spraying of the insecticide BHC. The average predominance of Chagas infection, transmitted by the "barbiero" mosquito, is 4.2 percent among the rural population, with the maximum indices in Minas Gerais and Rio Grande do Sul states (8.8 percent).

These are the conclusions of the serological investigation conducted by the Ministry of Health in the period 1975/81 to identify the spread of Chagas disease in the country. The investigation covered all the Brazilian municipalities and should influence the setting of priorities to control the disease starting this year, demanding epidemiologic studies that could clear up some results that do not correspond to what was expected.

Among the absolutely surprising situations discovered by the investigation and which will be more thoroughly investigated by the Superintendency of Public Health Campaigns (SUCAM) are: the high indices of the disease in some municipalities of Santa Catarina State, the high level of human infection in Western Amazonia (Acre and Amazonas), and the low indices in Ceara, much different from what could be expected on the basis of studies conducted in the area previously.

Two projects are to be developed by SUCAM beginning this year in areas affected by Chagas disease: tests for susceptibility of triatomins to BHC, used more or less intensively in the country since 1950, and experimental tests with Deltrametrina in the control of the populations harboring the triatomins, which is an attempt to evaluate the long residual action of this insecticide, thus allowing annual treatments.

This year, SUCAM plans to protect 26,739,636 persons against Chagas disease, of whom 14,189,835 are in rural areas covering 1,681,001 square km in 1,071 municipalities. Last year 6,145,108 persons were observed in 195 municipalities where the disease is endemic.

Delfinopolis in Minas Gerais, is the Brazilian municipality showing the greatest incidence of the Chagas disease (66.5 percent). It is followed by the municipalities of Utinga in Bahia, with 63.8 percent; Pinheiro Machado in Rio Grande do Sul, with 54.9 percent; Jundiai do Sul in Parana, with 45.4 percent; Monte Alegre do Piaui in Piaui, with 41.5 percent; and Irineopolis in Santa Catarina, with 41.3 percent.

The estimates of the prevalence of the disease by states is as follows: Minas Gerais and Rio Grande do Sul (8.8 percent), Goias (7.4 percent), Sergipe (6 percent), Bahia (5.4 percent), Piaui and Parana (4 percent), Paraiba (3.5 percent), Pernambuco and Mato Grosso (2.8 percent), Alagoas and Mato Grosso do Sul (2.5 percent), Acre (2.4 percent), Amazonas (1.9 percent), Rio Grande do Norte (1.8 percent), Rio de Janeiro (1.7 percent), Santa Catarina (1.4 percent), Ceara (0.8 percent), Para (0.5 percent), Roraima and Espirito Santo (0.3 percent), and Maranhao (0.1 percent). In the rest of the states and territories there is no Chagas disease.

11634
CSO: 5400/2096

BRIEFS

MENINGITIS 'ROUTINE' IN PARANA--The director of Epidemiologic Vigilance and Disease Control of the Parana Health Secretariat, Jair Pazzelo, said in Curitiba yesterday that the appearance of 10 cases of meningitis in the Cascabel region from the beginning of the year to date is a "routine occurrence." He admitted that diseases such as meningitis "are always of concern and demand much attention" of the health authorities, but he repeated that this number of cases is far from being considered alarming. The secretariat received reports of 1,040 cases of meningitis in the entire state last year. Of these, 129 were meningococcus meningitis and 215 of other etiologies. The rest, of suspected origin, are also considered to be meningitis. [Excerpt] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 19 Feb 82 p 10] 11634

MALARIA INCIDENCE IN PARA--The number of malaria cases in Para State increased from 38,000 in 1980 to 58,000 in 1981 according to a survey conducted by the SUCAM (Superintendency of Public Health Campaigns) and made public in Belem yesterday. Nine years ago the number was 11,000, while last year the rate almost doubled, from 6.8 percent to 13.3 percent. The experts of the sector fear an outbreak of malaria epidemics in the state, especially in the areas of most recent penetration in the southern portion along the Transamazon highway and in the prospectors' camps of Tapajos. There are constant reports from the Para interior of cases of malaria, including fatal cases, as happened yesterday: A resident of Anapu in Altamira municipality told newsmen by telephone that in one locality of the area there have been 30 deaths from malaria. However, official entries at the registry office and from the SESP [Special Public Health Service] Foundation list only six fatal cases of malaria in Janaury, none of them in Anapu, and no cases in February. In all main areas of pioneer expansion in Para the indices have increased greatly since the beginning of the year. [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 19 Feb 82 p 10] 11634

MENINGITIS OUTBREAK IN PARA--A team of the Health Secretariat of Para [SESPA], consisting of two physicians and eight vaccinators, left early today for the city of Tucurui on the shores of the Tocantins River to conduct emergency vaccinations among the population of the city because of an outbreak of meningitis which started in 1980 but which at the beginning of this year reached serious proportions. To date, nine cases have been reported and one child has died. According to the secretariat, three of the nine cases are of the most serious type, with blood dissemination. The SESPA team is carrying 80,000 doses of vaccine. [Excerpt] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 13 Feb 82 p 15] 11634

HEPATITIS OUTBREAK IN CRAVINHOS--The distribution of leaflets recommending sanitary habits, a ban on the use of swimming pools in the city and greater care in garbage collection are the first measures that the health authorities of Cravinhos, 20 km from Riberao Preto, have taken to prevent an increased outbreak of hepatitis detected in that city. Over 60 cases have been registered since December and still it has not been possible to discover the center of infection. Since the cases have been reported from various sections of the city and even from the rural areas, the chief of the health center, Osvaldo Ajona, believes that there is a "transmission current," that is, contact between people with the disease and others, and that it is being transmitted in this manner, especially on the outskirts, where health and sanitary conditions are very poor. [Excerpt] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 16 Feb 82 p 15] 11634

HEPATITIS OUTBREAK IN PIRACICABA--An outbreak of hepatitis was reported in the district of Saltinho, in Piracicaba, 12 km from municipal headquarters and with a population of 2,000. At the beginning of the year, dozens of children began to show symptoms of the disease and, until yesterday, 39 cases were reported with no clue as to the origin of the virus. The outbreak principally involves children from 2 to 14 years of age, and three theories were advanced by doctors of the prefecture's health clinic operating in the district: contamination through milk, water or fruits and vegetables. Inasmuch as the district is located in the rural area, milk consumed by the residents is distributed directly from the farms to the houses; this practice has been discontinued because of the outbreak. Until the results of bacteriological tests of the water are obtained, the doctors and health personnel are investigating the district's sanitation conditions and the sale of fruits and vegetables has been suspended, these products being sent from the city. [Excerpt] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 5 Feb 82 p 11] 8568

LEPTOSPIROSIS DEATHS IN BAHIA--Salvador--Yesterday, Bahia Health Secretary Jorge Novis indirectly blamed the mayor's office of Victoria da Conquista for the death of three persons, victims of leptospirosis, including Company Administrator Odary Soares Barbosa, buried yesterday. The three fatal cases occurred this summer, a period when the highest incidence of the disease is normally reported. Jorge Novis said that the secretariat is following the problem closely but stated emphatically that "leptospirosis is synonomous with garbage and the responsibility for keeping the city clean is in the hands of City Hall." Leptospirosis, the secretary said, is an endemic disease throughout the country, including Bahia, where, in the past 3 years, an average of 200 cases have been reported. However, once diagnosed, the disease is curable. In the summer, there is an increase in the number of cases due to an increase in the rat population--the transmitters--and a lack of rain. In other periods of the year, the rain helps control the disease by washing the streets. [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 28 Jan 82 p 18] 8568

MALARIA CASES IN GOIAS--Goiana--A total of 6,000 persons are now homeless and without shelter throughout the state. In Sampaio, in the municipality of Sao Sebastiao do Tocantins, 10 persons now have malaria. The water of the Tocantins is continuing to rise and is now causing a rise in the level of the water of the Araguaia River in Bico do Papagaio. In Araguatins, the river has risen 5 meters. [Excerpt] [Brasilia CORREIO BRAZILENSIS in Portuguese 31 Jan 82 p 16] 8568

YELLOW FEVER, LEPTOSPIROSIS--Six yellow fever cases have been confirmed, while nine others are being investigated in Matoo Grosso, according to a report submitted by the Health Ministry. Meanwhile, 26 cases believed to be leptospirosis and 7 cases believed to be typhoid fever were reported at a Sao Paulo hospital. [PY091245 Sao Paulo Radio Bandeirantes Network in Portuguese 1000 GMT 9 Mar 82 PY]

CSO: 5400/2109

INFLUENZA-CAUSING VIRUS STRAIN ISOLATED

Cairo AL-AHRAM in Arabic 19 Jan 82 p 6

[Article by Wajdi Riyad: "Beware of Brazilian Influenza Virus in Cairo; Symptoms Are High Temperature, Muscle Aches, Headaches and Inflammation of the Throat"]

[Text] Throat cultures have been taken from the patients who have visited the outpatient clinics of the communicable diseases hospitals, totaling 100 patients with fever. In room No 13 of the viruses building of the (Antibiotics) and Vaccines Organization in al-'Ajuzah, researchers have been conducting their tests to find out whether the fever is the result of an influenza virus or not. The isolation and classification processes are continuing. These began with the start of winter and have been going on routinely. The Virus Research Center of the WHO (Antibiotics) and Vaccines Organization has been cooperating with 99 influenza research centers in 55 countries to determine the virus causing this winter's influenza.

Last Saturday afternoon, Dr 'Abd al-Hamid Husni, the Virus Research Center director, notified Dr Imam Zaghlul, the Antibiotics Organization chairman, of the results of the center's research throughout the winter to find out the virus causing this winter's influenza. The center has been able to determine that the cause is the Brazilian type-A virus. Two strains of the virus were discovered after a medical and biological survey in the outpatient clinics. Cultures were taken from the throats of patients and injected into 10-day old embryonated eggs. Three days after injection of the culture, the viruses appeared in the eggs.

International [medical] circles have acknowledged that the influenza virus has baffled scientists and that influenza is not like the other epidemics against which immunity can be gained through vaccines, such as poliomyelitis, cholera and malaria against which immunity can be gained with a single vaccine shot. But the influenza virus is unstable and this is why it is difficult for scientists to find a single vaccine against it.

Potential carriers are easily infected because of low immunity to the virus. It is well known that one of the reasons for the spread of the influeza virus, according to Egyptian Scientist Dr Imam Zaghlul who is one of the world experts on viruses, is that it is transmitted by way of the patient's respiratory system. The virus's incubation period may extend up to 15 days, meaning that a person may be carrying the disease-causing virus for 2 weeks without displaying any of the disease's symptoms. The most characterstic symptoms are a high temperature ranging from 39-40 degrees centigrade, severe muscle aches, the inability to leave bed, inflamation of the throat and a severe headache. This type of influenza is not necessarily accompanied by a runny nose or a cough. It is interesting to note that doctors admit that there is no vaccination or effective antibiotic against the disease. Perhaps the best cure is complete rest to enhance the body resistance and to enable it to overcome the virus. There is no decisive weapon against the virus. Vitamin C, which is found in abundance in lemons and oranges, may enhance the body's ability to get rid of the virus.

According to Dr 'Adil Yusuf, an assistant professor of nose, ear and throat surgery at the 'Ayn Shams School of Medicine, doctors are not worried by the influenza, which affects no less than 20 percent of the population every winter. The doctors' biggest fear is of the influenza complications which are summed up by Dr 'Adil in the following:

Influenza in children is very serious because children cannot tell what is hurting. However, let every mother know that if her child spends the entire night sleepless and crying from an earache and that if his temperature is high, then his (astacius) canal is severely inflamed. If this inflamation is neglected it will lead to piercing the ear drum.

At times some patients suffer from repeated attacks of influenza throughout the winter. This is due to the fact that the mucous membrane lining their respiratory system is usually weaker than that of other people and, consequently, is more susceptible to infection. The result is a severe inflamation of the nasal sinuses, headaches, increased [nasal] secretions and a weakening of the sense of smell--a sense which the patient may lose forever as a result of the inflamation of the olfactory nerve.

Tracheal and bronchial inflamation which is extremely serious to children because it hampers their breathing and causes them to suffocate.

The eyes become very red and teary.

Doctors advise against the use of cotton handkerchiefs which are capable of retaining the virus. When used, such handkerchiefs must be boiled in water to become disinfected.

8494
CSO: 5400/5006

BILHARZIA-CONTROL REPORTS REVIEWED

Cairo AL-JUMHURIYAH in Arabic 20 Dec 81 p 6

[Article by Muhammad Isma'il and Nisrin 'Azab: "Dr Mamduh Jabr: Bilharzia Reduced in Upper Egypt; Control of Disease in Delta and Western al-Nubariyah"]

[Text] Dr Mamduh Jabr, the minister of health, has announced the success of al-Fayyum experiment in reducing infection with bilharzia to less than 7 percent. He has asserted that bilharzia in Upper Egypt generally dropped to less than 14 percent in 1980, compared to 29.3 percent in 1977. He has also asserted that infection with the disease among Lower Egypt school students dropped to 24 percent in 1980, compared to 53.4 percent in 1977.

At the opening of the international bilharzia conference, Dr Jabr declared that the ministry's bilharzia-control plan is centered around three main axes: Patient treatment, snail control and health education.

He said that the number of units operating in the sphere of bilharzia control is more than 2,900 units, including 1,662 units engaged in snail control, 2,448 rural health units to treat bilharzia patients in the governorates, 169 hospitals for the treatment of endemic diseases and 266 school health units including teams for the treatment of bilharzia.

Dr Jabr has also said that the ministry is currently studying a plan to implement the successful projects that have led to reducing bilharzia incidence rates in Lower Egypt. The projects will start with the delta, Western al-Nubariyah, the canal area, the northwestern delta and then the northeastern delta.

Concluding his address, the minister said that the Bilharzia Institute activities will extend to other parasitic diseases in Egypt, to research and to offering training, in addition to the curative aspects.

Dr Mustafa Kamal Hilmi, the minister of state for education, has said that the bilharzia problem is a three-pronged medical, economic and social problem.

8494
CSO: 5400/5006

ETHIOPIA

BRIEFS

ANTI-MALARIA CAMPAIGN--Harar--An intensified anti-malaria campaign was carried out last month in Harar Zuria, Gursum and Jijiga provinces in Hararghe region. Disclosing this, Comrade Diriye Umer, Head of the Malaria Eradication Service Sub-Centre in Hararghe region, said that 5,597 homes had been sprayed with DDT in the three provinces to bring the disease under full control. The official pointed out that peasants who had taken a short-duration course had taken part in the campaign alongside regular and daily workers of the organization. He lauded the participation of the peasants and declared that similar courses would be launched in the future. The next round of the anti-malaria campaign in the three provinces is to resume next May for a two-month period. [Text] [Addis Ababa THE ETHIOPIAN HERALD in English 28 Feb 82 p 6]

CSO: 5400/5871

HEALTH DEVELOPMENTS IN 1981 REPORTED

Jakarta KOMPAS in Indonesian 22 Dec 81 p 5

[Article: "Chronology of Events in the Health Field During 1981]

[Excerpts] 10 January 1981. An outbreak of measles spreads in Ngada District, Nusa Tenggara Timur, claiming 17 lives.

27 February 1981. An outbreak of gastroenteritis in Denpasar (Bali) is believed to have been caused by contaminated ice made from water drawn from an excavated well. The number of persons struck by the illness and treated at the local hospital has reached 345, among whom were seven children who died.

5 March 1981. The Department of Health estimates that the cases of gastroenteritis reported from Bali do not constitute an epidemic, but rather just an outbreak that could occur anywhere, at anytime, in Indonesia. According to the department, gastroenteritis is an endemic disease whose occurrence is heavily dependent upon environmental sanitary conditions and the life-style of the population.

10 March 1981. Since 28 February, Baubau in Buton District, Sulawesi Tenggarra, has been the scene of a gastroenteritis outbreak. However, no deaths have been reported so far. Local records disclose that this area witnessed a similar outbreak of this disease in 1980 in which 61 persons died out of a total of 873 reported cases.

19 March 1981. Several villages in Hulu Sungai Tengah District, Kalimantan Selatan, have been struck by an outbreak of hemorrhagic fever. Of 95 children examined, 30 gave positive signs of being afflicted with the disease. The number of deaths remains unknown. The district was the scene of previous outbreaks of this fever in 1978 and 1979. In 1978, three cases and one death were reported; in 1979, there were nine cases with two deaths reported.

25 March 1981. Gastroenteritis has broken out in Cakung, Jakarta Timur. Sixty-two cases with 12 deaths have been reported. Four of the deaths occurred in the hospital, while eight persons died without hospitalization. The cause of the disease is believed to have been contaminated ice sold locally. Three persons among those afflicted were children; the remainder were adults. This latest outbreak is not the first time that gastroenteritis has broken out in Jakarta. In 1977, the

subdistricts of Pasar Minggu and Jakarta Selatan were struck and the illness then spread to Cilandak and Ciputat Subdistricts, the latter in Jakarta Barat. One hundred and fifteen cases were reported at that time, out of which there were 42 fatalities.

9 April 1981. Gastroenteritis is sweeping West Java and already has spread to the subdistricts of Ujung berung, Rancaekek and Cicalengka. In addition, the illness has been reported from Sumedang District, in the subdistrict of Wado from where it later spread to Darmaraja and Cadasngampar. Eighty deaths were reported as a result of the outbreak, and an additional 900 cases were given treatment. Examination at various medical clinics disclosed that the majority of cases displayed symptoms of eltor [meaning unknown].

21 May 1981. The Department of Health has set as its target the elimination of frambesia (yaws) from Indonesia by the year 2000. To achieve this, emphasis has been placed on reducing the rate of incidence outside of Java-Bali to .001 percent. It is hoped that this goal can be achieved by the end of the thrid Five-Year Plan.

20 June 1981. There has been a renewed outbreak of gastroenteritis in the village of Cijambu, Cipongkor Subdistrict, Bandung District. At least four persons have died and 300 people had to be given medical attention.

27 June 1981. A World Health Organization (WHO) survey conducted from 1976-1979 in fifteen provinces of Indonesia disclosed that 2.4 percent of 156,250 children below the age of five suffered from a Vitamin A deficiency and xerophthalmia (conjunctival dryness of the eye). This percentage is quite high because, according to WHO, any rate over 2 percent is considered critical. After Aceh which registered the highest rate, came Kalimantan with 1.5 percent, Sumatra Barat with 1.3 percent and Sulawesi Tengah with 1 percent. The provinces reporting the lowest rates of incidence were Lampung .2 percent, and Kalimantan Timur zero percent.

8 July 1981. Inhabitants of Jakarta have been frightened by the sudden appearance of a strange illness which caused one death in the locality of Cipinang Besar, Jakarta Timur. Three young women were taken by ambulance to the Kusta Sitanala Hospital in Tangerang which specializes in the treatment of leprosy.

9 July 1981. The leprosy which has been discovered among the residents of Cipinang Besar, Jakarta, is by no means an epidemic. Because the rate of contagion is very low, it is estimated that 90 percent of the population is immune to the disease. Infection by leprosy requires direct, repeated contact over a long period of time.

5 August 1981. Banda Aceh and Aceh Besar District took their turns as the scene of an outbreak of gastroenteritis. Each day about 40 patients were admitted to Dr. Zainal Abidin Hospital, Banda Aceh. Ten patients died because of a delay in seeking treatment. Medical facilities to treat the illness are sufficient; however, admission/reception centers for patients are lacking.

11 September 1981. Thirty-two residents of the hamlet of Dentana, village of Wue, Bajaw Subdistrict, Ngada District in Flores have died. They were believed to have been the victims of Hongkong flu, an illness whose lethal nature is well known.

12 September 1981. The cases of Hongkong flu reported from Flores evidently are only malaria.

23 September 1981. Jakarta has been frightened by a report from the urban quarters of Gotong Rojong, community of Jata Rawamangun, Jakarta Timur, of dozens of cases of a dermatological disease characterized by the appearance of water blisters on the skin. The occurrence of the illness raised the level of fear among local inhabitants who suspected the illness might be smallpox.

24 September 1981. The cases of dermatological disease reported to be smallpox in the community of Jata Rawamangun, Jakarta Timur, turned out to be neither skin disease nor smallpox, but rather chicken pox which is not dangerous, although it is a contagious disease.

28 September 1981. Seventeen deaths have been reported among 317 cases of gastroenteritis in the district of Indragiri Hilir, Riau Archipelago. On 12 September, 13 deaths were reported among 231 cases of the same illness in Timbilahan. In the subdistrict of Retah, 56 cases were reported with two deaths. On 13 September in Tembilan, 254 cases were reported with 17 deaths.

6 October 1981. From 11 September to 1 October 1981, 149 cases of gastroenteritis with six deaths were reported in Bima, Mataram. The fatality rate was successfully held down by localizing the spread of the disease through the quick mobilization of medical personnel and supplies which were quickly dispatched to the affected area. The district of Bima is an endemic area for gastroenteritis, but the death rate from this illness has been brought under control. In 1979, the there were 11 deaths among 435 cases; in 1980, there were 13 deaths among 442 cases.

9464
CSO: 5400/8412

BRIEFS

DIPHTHERIA IN WEST JAVA--The Public Health Service of the District of Sumedang reported 34 cases of diphtheria from the villages of Cibitung, Buahdua and Sekarwangi. All these villages are in the subdistrict of Buahdua, about 23 kilometers east of Sumedang. The head of the subdistrict Public Health Service, Dr Noor Martany, in response to questions by journalists, said that an increase in the number of cases was detected through an analysis of the patients' sputum conducted by the Bio Farma Laboratories in Bandung. The analysis yielded positive results concerning the presence of diphtheria bacilli. She also stated that the cases of diphtheria began to appear in October 1981 with the discovery of 11 cases from the hamlet of Benang in the village of Buahdua. Treatment of these cases was undertaken immediately and in the meantime, an investigation was launched promptly and resulted in the discovery of additional cases which, until the present time, have reached a total of 34. [Excerpts] [Jakarta MERDEKA in Indonesian 17 Dec 81 p 3] 9464

MEASLES IN CENTRAL JAVA--Four persons have died and 45 others remain in critical condition as the result of a measles outbreak that spread to all villages in the subdistrict of Toroh Grobogan, Porwodadi, Central Java. According to the report received by MERDEKA, at least 195 residents of Toroh Subdistrict have been afflicted by the disease which has spread in epidemic proportions. According to the report, villagers who came down with the illness displayed symptoms of continuous coughing, a high body temperature, and bloodshot eyes. [Excerpts] [Jakarta MERDEKA in Indonesian 18 Dec 81 p 1] 9464

VENERAL DISEASE IN SURABAYA--About 500 prostitutes operating in Complex #7, Surbaya, have been found to be afflicted with a dangerous venereal disease called "Vietnam Rose." Prostitutes with the disease were discovered as the result of a survey undertaken by a team for the rehabilitation of prostitutes together with physicians of the municipal public health service. Individuals found to be suffering from the illness were given innoculations promptly. The compilation of data of prostitution in Surabaya was carried out over a three-month period, from 27 March to the end of May 1981 and resulted in the registration of around 5000 prostitutes. Of this number that was examined by public health physicians, 10 were found to be afflicted with Vietnam Rose. [Excerpts] [Jakarta MERDEKA in Indonesian 21 Dec 81 p 4] 9464

HEMORRHAGIC FEVER--Twenty children died among the 100 persons who were struck by hemorrhagic fever which has been raging in Karawang District for the past two and a half months, said the District Chief, H. Opon Sopandji. All 100 persons afflicted by the disease were children below the age of five. According to the district chief, the disease raged unchecked during the months of October and November, but some headway was made in bringing it under control by the beginning of December. To protect the population against hemorrhagic fever, spraying against mosquitos was carried out and drinking water supplies were treated. [Excerpts] [Jakarta SINAR HARAPAN in Indonesia 12 Dec 81 p 12] 9464

CSO: 5400/8412

OUTBREAK OF INFECTIOUS HEPATITIS IN SABAH

Kuala Lumpur NEW STRAITS TIMES in English 17 Feb 82 p 8

[Text] **KUALA LUMPUR, Tues.** — There is an outbreak of hepatitis in Sabah, with 354 cases being reported since Jan. 1.

The Director of Health Services, Datuk Dr Izaddin Mohamed, said today that the disease, identified as infectious hepatitis, was believed to have been caused by contaminated water.

Health authorities were trying to determine whether water in the affected areas, mainly around Kota Kinabalu, is contaminated with bacteria usually found in human faeces.

Water samples have been sent here for tests.

Health authorities have added more chlorine to the water supply in some of the affected areas since the outbreak, Datuk Dr Izaddin said.

This measure would be extended to the other affected areas as soon as the authorities have confirmed that the contamination was due to the presence of the faecal bacteria, he added.

The last outbreak of hepatitis in Sabah was in 1980.

It was caused by contamination of the water supply by bacteria found in the human faeces.

Datuk Dr Izaddin advised the people to seek immediate treatment at the nearest clinic or hospital if they were suffering from a high fever and a yellowing of the eyes and skin.

He also advised them to boil drinking water and take extra care in their personal hygiene.

The chances of getting the disease were very great and they should take every effort to use proper toilets, he added.

Health authorities in Sabah, presently carrying out a health education campaign, will intensify their efforts in view of the outbreak.

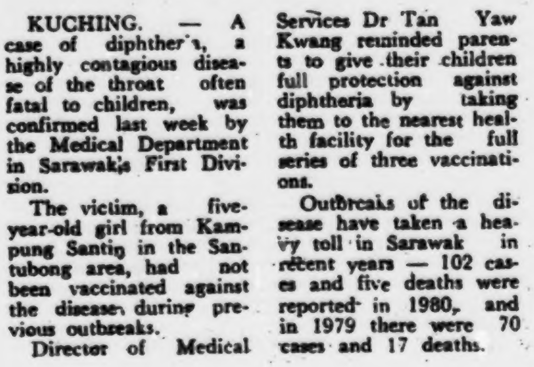
Datuk Dr Izaddin said no babies were reported to have been affected by the disease and no deaths have occurred. — Bernama.

CSO: 5400/8415

DIPHTHERIA CASE REPORTED IN SARAWAK

Kuala Belait BORNEO BULLETIN in English 30 Jan 82 p 2

[Text]



KUCHING. — A case of diphtheria, a highly contagious disease of the throat often fatal to children, was confirmed last week by the Medical Department in Sarawak's First Division.

The victim, a five-year-old girl from Kampung Santin in the Santubong area, had not been vaccinated against the disease during previous outbreaks.

Director of Medical Services Dr Tan Yaw Kwang reminded parents to give their children full protection against diphtheria by taking them to the nearest health facility for the full series of three vaccinations.

Outbreaks of the disease have taken a heavy toll in Sarawak in recent years — 102 cases and five deaths were reported in 1980, and in 1979 there were 70 cases and 17 deaths.

CSO: 5400/8415

BRIEFS

ENCEPHALITIS DEATH RATE--Kathmandu, Nepal, Feb 6 (AP)--Official Nepalese sources said Friday on an average one person dies every third day of encephalitis in Nepal and that 407 persons have died from the disease during the last three years in the plains of the tropical climatical zone of south Nepal bordering India. The sources said the sleeping sickness disease is very fatal in the tropical climatical zone of south Nepal bordering India. According to epidemiologist Dr Indra Bahadur Khatri, the people suffer from viral encephalitis especially during the warm summer days beginning from the later part of May to early October. However, the doctor said, the disease declines substantially in the winter season. [Text] [Taipei THE CHINA POST in English 10 Feb 82 p 6]

MEASLES, GATROENTERITIS, PNEUMONIA, CHICKENPOX--Katmandu, 1 Mar--Altogether 82 persons have died of measles, gastroenteritis and pneumonia in four village panchayats of Dolpa District in the last few days, according to a people's representative from the district, reports RSS. According to him, 22 persons have died of chickenpox in Rashi village and 60 others in Kot, Pahara, Liku and Tara villages. A large number of the deceased included nursing mothers and small children. [Text] [BK100423 Katmandu THE RISING NEPAL in English 2 Mar 82 p 1]

DISEASES CLAIM 82 LIVES--Kathmandu, March 1--Altogether 82 persons have died of measles, gastro-enteritis and pneumonia in four village panchayat of Dolpa district in the last few days, according to a peoples' representative from the district, reports RSS. According to him, 22 persons have died of chicken-pox in Rashi village and 60 others in Kot, Pahara, Liku and Tara villages. A large number of deceased included nursing mothers and small children. [Kathmandu THE RISING NEPAL in English 2 Mar 82 p 1]

CSO: 5400/4928

HOSPITAL FACILITIES BEING EXPANDED

Muscat TIMES OF OMAN in English 4 Feb 82 p 9

[Text] **Khoula Hospital is rapidly expanding its facilities to cope up with the ever increaseing number of patients being admitted every day.**

In a week's time, a new operation theatre will be ready to receive patients, bringing the total number of theatres in the hospital to seven — four surgical and three for gynaecology and obstetrics.

The modern theatre is built with sufficient floor space and includes a recovery room and facilities for immediate X-ray during an operation.

A new Out Patients Department (OPD) for gynaecology and obstetrics was recently opened in the new wing of the hospital. But the situation in the maternity ward is not very bright as the ward's 150 beds are not sufficient to meet the demand. Every day, about 30-35 babies are delivered at the hospital.

For surgical and orthopaedic cases, two 50-bed pre-fabricated blocks are being built, and are expected to be ready for use in six to seven weeks. The new blocks will enable doctors to cope up with the estimated 300 emergency cases brought to the hospital daily. The shortage of beds is so acute that a few patients have been put up in the hospital corridors.

Casualty ward

Another addition to the hsopital complex is an out-patient casualty department which is expected to be ready by May. The new casualty ward is to have wide and clear access to the main road.

To manage the 100 additional beds in this extension, the hospital will recruit about 80 doctors, nurses and other para-medical staff. Additional ambulances and vehicles will also be acquired.

"But we cannot leave a sigh of relief, for the beds will be filled the days we open the extension," cautions Dr Donald Bosch, Medical Officer-in-charge of the hospital. About 20 road accident cases are brought to the hospital in a single day, he said.

Dr Bosch suggests lowering the speed limit on the highway as a means of bringing down the number of serious accidents.

"Motorists tend to take advantage of the 100 km/hr speed limit and often drive at 120 km/hr," he said. "At this tremendous speed, a vehicle is almost impossible to control if a goat or pedestrian gets on to the road. The result is badly mutilated and crushed victims."

Dr Bosch added that injuries would not be as multiple and complicated had the victims come from an accident which occured at a lower speed.

DRUG PRODUCTION

The production of Interferon, which may prove to be a significant medicament in the fight against virus-carried diseases and certain types cancer, is now being studied at the laboratories of the Foundation of Scientific and Industrial Research (SINTEF) in Trondheim.

Head of research Eirik Nestaas says that at present it is difficult to produce enough Interferon for medicinal use.

New Type of Penicillin Introduced

A new type of pencillin is being marketed in Oman under the brand name 'Slexid Leo'. Distribution agents for the antibiotic is Mazoon Pharmacy.

The antibiotic was developed by the Danish firm, Leo Pharmaceutical Products. Last week, the firm's regional marketing manager, Mr Jens Bo Olesen, paid a three-day visit to the country to introduce the product to medical practioners.

A seminar, organised by the Danish firm and Mazoon Pharmacy, was held on Sunday at the Gulf Hotel. Doctors working for the Ministry of Health and general practioners were invited for the seminar, which included a short film and lecture on the product.

Selective action

"Selexid Leo is the first type of pencillin to selectively act on urinary tract infections," Mr Olesen said and explained that other types of pencillin work mainly on the respiratory tract.

He said that in the Gulf region, the product was already in the market in Kuwait, Bahrain and Qatar and had been recently introduced in Dubai and Abu Dhabi — the two places he visited before coming to Oman.

Taking about his firm's product, Mr Olesen said that Selexide was generally well tolerated, even by patients with reduced kidney function. In addition there have been no reports of allergy among patients with known history of hypersensitivity to penicillin.

CSO: 5400/4715

PAKISTAN

ARTICLE ON ATTITUDE OF YOUNG DOCTORS

Islamabad THE MUSLIM in English 21 Feb 82 pp 4, 5

[Article by Rahimullah Yusufzai]

[Text]

KARACHI: "Isn't every second Pakistani thinking on the same lines?"

It was a provocative answer to a provocative question earlier put: why do young doctors start planning to go abroad the moment they graduate?

Why don't you move out to the countryside where the most of the patients are? "When the current trend is mass migration to the cities, how can you expect a city-dweller to reverse it?" A young doctor told this correspondent.

Health care problems in this country of more than 80 million people are no different from those faced by other developing countries.

Doctors are reluctant to move into the interior while their ranks swell in the cities. No effort is spared and no trouble unbearable if an employment abroad could be secured. Government schemes and even financial incentives have failed to enlist more recruits for rural service.

The teeming masses in the villages continue to languish in the backyard, left to the mercy of medical charlatans. Basic health units there are manned by dispensers for want of qualified doctors.

The country now boasts of 22,000 doctors, all of them registered with the Pakistan Medical and Dental Council (PMDC). The Council is the supreme body which has control over medical education and ethics. Every doctor is required to register with it before setting up practice.

However, those actively involved in the profession are believed to number not more than 14,000. A lot of doctors have been lost to death, old age, migration and even marriage and child-bearing. It is believed that around 6,000 doctors have been lost to migration alone.

The number of doctors has undoubtedly increased over the years, more so from 1970 onwards when many new medical colleges were commissioned and yearly admissions increased, in some cases almost doubled. Pakistan has 16 medical colleges now, and all, except one, have produced graduates. There were only six colleges prior to 1970, one exclusively for women. The remaining 10 were commissioned in the last decade and total admissions every year come to more than 4,650 now.

When finished by 1984, the new Aga Khan University of Health Sciences (worth $300 million in a 34-hectare complex) will have a 721-bed hospital providing high-quality training for 280 nurses, doctors, midwives and paramedics.

Of late, here have been hints at reducing the number of admissions by 10 per cent in each medical college. However, it was opposed by medical students and aspirants, along with their parents who consider medicine the most lucrative profession. There have been instances when aspiring medical students have been prevailed upon to apply for admissions and careers which do not appeal to them.

Medical teachers and college administrators have repeatedly pointed out that the number of students in each class is beyond the capacity of available teaching facilities. However, strong political pressure on medical schools has been such that there has been no limit to the number of yearly admissions. In the process, the standard of education fell.

Still, the authorities were hopeful that the production of more doctors would mean more willing ones prepared to serve in the countryside. It was wishful thinking.

Even though a far greater number of doctors were produced than the available job opportunities in the cities, the village health units still remained unmanned. Doctors preferred to remain jobless than to go rural which, in their words, were "hostile places lacking civic necessities and basic equipment and facilities required by a modem practitioner."

Some waited for their chance to go abroad, sometimes in disguise to avoid the formalities involved in obtaining a "No-Objection Certificate." A few opted for unattractive jobs for the time being, while others joined the armed forces medical service. Only a few gave in to the detested postings in the rural areas although a considerable number of students were admitted to medical schools on the rural quota, which requires them to serve there for at least three years after graduation. Nobody bothers to fulfill this obligation and dubious means are employed to escape retribution.

According to a study by the Government's Planning Division, there will be about 38,000 doctors in 1990 if the present admission capacity is maintained. The population of the country is expected to reach 103.5 million by then. The rate of attrition, based on the current trend of migration, is expected at 1,000 doctors per year. By 1990, Pakistan will have a stock of 42,000 doctors for a population of 103.5 million or one doctor for every 2,500 persons.

Job opportunities have shown an unequal increase compared to the number of doctors produced. In 1975, there were 4,627 jobs in the public sector, which rose to 6,500 in 1980. Based on current and subsequent plans, available jobs would increase to 13,000 by 1990.

Out of these, 4,000 doctors are to be deployed in rural health centres and the remaining 9,000 in districts and teaching hospitals. The number of doctors employed by autonomous organisations, which currently totals 500, will double to 1,000 by 1990. In private practice, current estimates put the total around 6,000 to 7,000. At a growth rate for general practitioners between 10 and 12 per cent, the total is expected to increase to 16,000 by 1990.

Health planners hope that by 1990, all the basic health units, dispensaries, maternity and child health centres and sub-centres—which would increase to 15,000 from the present 7,000 by then—would be manned by qualified doctors. They are optimistic because an equal number of doctors required to man them would be available by then. The attrition rate is expected to fall to zero owing to doctors returning from abroad.

Even though the optimism is based on irrefutable figures, it may not be possible to produce the required number of doctors due to the proposed reduction in admissions. Moreover, 1990 is still far away and till that time, the majority of people will have to stay content with whatever is available.

Aware of the bleak prospects, the Government has experimented with many innovations to provide health care for rural folk. Mid-level and primary health workers have been trained to look after minor and common ailments, even pushing the *peshimams* (those who lead prayers in mosques) into service. With help from foreign and United Nations agencies, a genuine effort has been made to cross the inhospitable terrains.

Despite modest gains, hostility of doctors and apathy from all corners, the sponsors of such efforts have not lost hope and there is a keen desire to pursue the projects. For instance, another innovation suggests pressing into service the practitioners of *tibb* (traditional medicine) and homoeopathy, who still enjoy a sizable number of clientele and sympathisers. The country has 10 *tibb* teaching colleges and seven of homoeopathy.

A new element which is a threat to current health care thrusts is the growing restlessness and frustration among young doctors. Pakistani doctors have gone on strike on at least three occasions in the past decade to press their demands, even refusing to attend emergency patients during the last strike. They have been demanding a career structure and better pay scales.

However, what is really frustrating for these doctors is the disillusionment which confronts them upon graduation—few job opportunities, heavy workload and little prospects of climbing up in their career or do postgraduate studies.

The most pitiable sufferer in all this drama is neither the urban doctor nor the government functionary. Under a never-ending ordeal is the villager, living an always endangered life on a cobweb of infectious diseases, miles away from a hospital which can never be reached during emergencies.—*Depthnews*

CSO: 5400/5884

ARTICLE DISCUSSES NURSING IN PAKISTAN

Karachi DAWN in English 6 Mar 82 p 7

[Article by Samya Burney]

[Text] YOU find her at every big and little health set-up and so-called hospital, mostly in the big cities, a sharp-eyed, sharp tongued creature in a surprisingly crisp white uniform, surprising in view of the critical paucity of water and laundry facilities here.

Very often that uniform is about the only thing she has in common with her sisters in the West and Far East who have succeeded in raising the nurse to almost the same level of professionalism as the doctor.

The beautician, the sales girl, the air hostess, even the lovely secretary and receptionist has in today's society managed to upgrade herself and acquire a measure of respectability. But the one who deserves our respect and admiration most, the nurse, has continually been losing ground. In Pakistan every second girl wants to become a doctor whether she has the aptitude for this demanding vocation or not. But mention the nursing profession, a much more practical and rewarding career for the average girl, and she will be outraged.

The matron of the School of Nursing attached to one of our big hospitals sadly shakes her head. "There has been a steady deterioration in the quality of the students we get. Nursing is the last choice for a girl who is forced to earn a living."

Why this is so is not immediately clear but the effects of this mercenary approach are evident at every patient-nurse encounter. If you have ever had the occasion to visit a hospital or centre that employs nurses you will know what I mean. Nurses who sit chattering to each other, or gossip over the phone while suffering patients ring and ring. Nurses who snap at sick children, who could not be bothered to answer the patient's agonised query, who don't know the first thing about hygiene and wouldn't trouble to act on it if they did, who forget to give the patient the life-saving injection, who give oxygen from empty cylinders. Nurses who browbeat patients, bully attendants, flirt with the doctors, exploit the rich, scorn the poor are the rule and not, as you might think, the exception. Never mind the image of her cool hand on the fevered brow . . . her calm, comforting presence . . these are the ideals of a forgotten past. The average trained nurse appears to understand the basic principles of her job so little that she can be a menace rather than a help to the patient.

Does this sound like a gross exaggeration? Every shortcoming mentioned above has been verified and of course it is possible that they don't all occur in the same nurse at the same time. Sure there are exceptions, particularly, in some strictly supervised private hospitals. But then this write-up is about the one in a hundred.

Doctor's behaviour

To be fair, it must be added that the attitude of the vast majority of our doctors towards their patients is not much better. In other words, the nurses pick up their cues from the men who set the pace in a hospital – the doctors.

Nor is the hospital environment conducive to quality work. When there is a shortage of water, when dettol and other basic items are out of stock, or the steriliser has broken down, the nurse pretty soon forgets her training and sits back, specially when the training was skin-deep to begin with.

If the hospital situation is poor, the situation in the girl's home and neighbourhood is worse. Over-flowing gutters, stinking streets, littered doorways, smoke filled black-hole kitchens are too familiar to all of us to need much elaboration.

Unless her working and living environment is upgraded, it is unrealistic to expect any improvement in the quality of service she has to offer.

The Aga Khan Hospital's Nursing School in Karachi, is making a bold attempt to change this image of the Nursing profession. The first class which started in October 1980, is in full swing with 39 girls selected strictly on the basis of merit from all over the country.

The objectives of the Aga Khan School of Nursing have already been translated into reality by the recent examination results. The students of the Aga Khan School of Nursing secured the first four positions in the first year results of the Sind Nursing Board Examinations. In fact of the 12 students who achieved first division marks, 11 were from this school.

These girls are being housed in single room beautifully furnished and equipped, right down to a small clothesline that can be stretched across one end of the room whenever needed. When I dropped in on a Friday morning, a young student was standing on a chair busy cleaning her window panes which looked clean enough to me. Even after 16 months of occupation, the rooms showed no sign of wear and tear. By housing girls from the backwoods of Sargodha, Sukkur and the lower-middle class areas of Karachi in such gleaming, mirror and formica fitted rooms, the idea is to upgrade their living standards, so they in turn will feel at home in a clean and hygienic environment.

Excellent living, teaching and working conditions are going to be available to the student nurses of this Nursing School when the hospital project is completed in 1984. The general wards and private rooms of this 721 bed hospital are very well equipped.

The School will turn out 110 nurses per year.

Nurse-Patient Ratio

If you want to know the ratio of nurse to patients in our hospitals, it is a shocking 1:25. There are about 4,500 nurses working in Pakistan. Only 500 nurses turn out each year by our 28 Nursing Schools. Compare this with the 4,000 doctors who graduate each year from our 16 medical colleges. Pakistan's nurse-doctor ratio is an incredible 1:5, whereas even a layman can see that for every doctor there should be several nurses. The brighter, better nurses quickly find lucrative jobs in hospitals in the Gulf Area and where does that leave our hospitals and their patients?

In any case, our nurses can hardly by expected to improve unless our doctors start treating their patients more like the human being they are, their poverty and lack of sophistication notwithstanding, than like some lower form of life. If the Aga Khan Medical College, with its international faculty and syllabus designed by experts succeeds in turning out responsible doctors, men and women who are responsive to the patient's needs, regardless of his ability to pay, that will be a great day for this country.

The girl who emerges from these surroundings, after three years of painstaking training and careful attention by a faculty of Canadians and Pakistanis, may join the first-rate hospital next door. She is equally likely to end up in the tiny health centre high up in the foothills around Mt. Rakaposhi, or in village maternity home somewhere in sandy Sind. It is hoped that the doctors and nurses produced here will spread out across the country., But even if a nurse works in a slum clinic or under the shade of a tree, if she brings a spirit of professionalism to her work she will form the vanguard of a revolutionary new force.

CSO: 5400/5884

EDITORIAL STRONGLY RECOMMENDS EXPANDED IMMUNIZATION

Karachi DAWN in English 2 Mar 82 p 7

[Editorial]

[Text]

A World Health Organisation team is due to visit Pakistan later this month to assess the progress of the Expanded Immunisation Programme (EIP). Aimed at protecting children from the six deadly diseases which take a heavy toll in under-developed countries, the immunisation programme has great significance for Pakistan. In this country the infant mortality rate is around 120 per thousand live births, which is extremely high even in the context of the Third World average. Compared with the situation in the industrialised countries (where it ranges between 10 and 20 per thousand), the position appears quite alarming. The mortality rate can be lowered only through massive and regular vaccination campaigns against common killers and crippling diseases like tetanus, diphtheria, polio, whooping-cough and tuberculosis. If the immunisation programme has so far failed to make an impact, it is not surprising. The absence of motivation and awareness in parents, lack of mobility, serious inadequacy of institutional arrangements and of the preventive-cum-health complex have prevented the benefits of immunisation from reaching the masses. These drawbacks are more pronounced in the rural areas. The Punjab Government's decision to approach the problem on a war footing is well thought-out and should be emulated by others.

Unless the question is tackled in a crusading spirit on a country-wide basis, the prospects of the immunisation programme making any significant impact, let alone achieving a breakthrough, appear to be dim. Immunisation services being a part of the basic health system have to be viewed in the wider perspective of the overall national health scheme. But on a short-term basis, specific and sectoral strategies could and should be tried. Municipal and public health services must be oriented towards the child. Priority also needs to be given to the most exposed localities and the most vulnerable age-group, namely, the under-fives in the slum areas. Steps should be taken to reach the child wherever possible. Thus, the BCG, which can be administered at birth, should be made compulsory in maternity homes and the obstetrician be given the responsibility of vaccinating every new-born against tuberculosis.

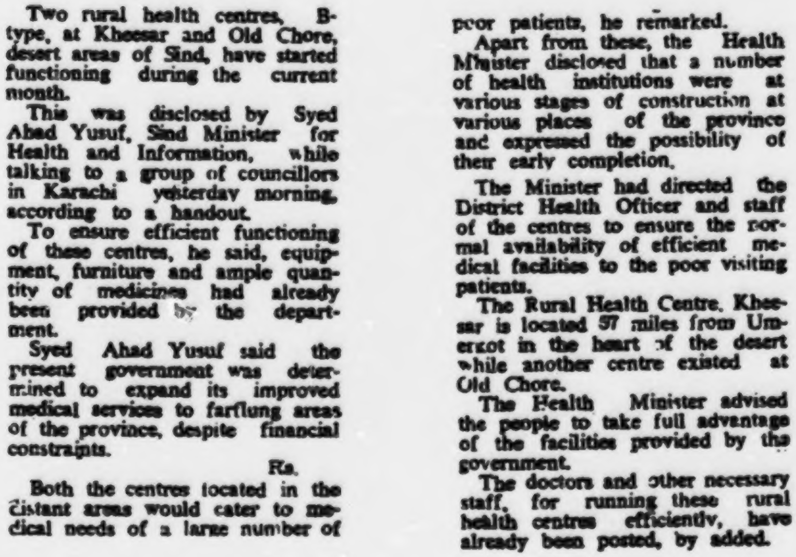
But over and above this, it is important that a concerted effort is made to reach the parents of children who need the vaccinations. The majority of the parents are unaware of the crucial importance of immunisation and are not bothered to go through the hassle involved. By inducting public welfare bodies and the media into the campaign to educate and motivate parents of young children to have them immunised, the health authorities could make some headway. Parents could also be approached in places where they are easily accessible, such as work places, factories, maternity homes and also in schools at the time of admission. When the awareness in parents grows leading to an increased response, the pressure for appropriate facilities will also build up. At that stage further expansion of the immunisation programme can be undertaken. It should not prove impossible for it costs only Rs. 30 to vaccinate one child against the six most common diseases of childhood.

CSO: 5400/5878

RURAL HEALTH CENTERS IN SIND DESERT AREAS

Karachi BUSINESS RECORDER in English 8 Mar 82 p 4

[Text]



Two rural health centres, B-type, at Kheesar and Old Chore, desert areas of Sind, have started functioning during the current month.

This was disclosed by Syed Ahad Yusuf, Sind Minister for Health and Information, while talking to a group of councillors in Karachi yesterday morning, according to a handout.

To ensure efficient functioning of these centres, he said, equipment, furniture and ample quantity of medicines had already been provided by the department.

Syed Ahad Yusuf said the present government was determined to expand its improved medical services to farflung areas of the province, despite financial constraints.

Rs.

Both the centres located in the distant areas would cater to medical needs of a large number of poor patients, he remarked.

Apart from these, the Health Minister disclosed that a number of health institutions were at various stages of construction at various places of the province and expressed the possibility of their early completion.

The Minister had directed the District Health Officer and staff of the centres to ensure the normal availability of efficient medical facilities to the poor visiting patients.

The Rural Health Centre, Kheesar is located 57 miles from Umerkot in the heart of the desert while another centre existed at Old Chore.

The Health Minister advised the people to take full advantage of the facilities provided by the government.

The doctors and other necessary staff, for running these rural health centres efficiently, have already been posted, by added.

CSO: 5400/5884

BRIEFS

TUBERCULOSIS CONFERENCE IN APRIL--Lahore, March 4--An international conference on tuberculosis will be held here in the second week of April next, says a Press release of Punjab T.B. Association. A National Tibbi exhibition will also be organised on the occasion in which modern surgical equipment and books published on the disease will be put on display. The Punjab T.B. Association is holding this conference in cooperation with the Federal and Provincial Governments and international organisations like UNESCO and UNICEF. Foreign experts from Britain, USA, Japan, India, Sri Lanka and Muslim country will participate in the conference.--APP [Text] [Karachi DAWN in English 5 Mar 82 p 1]

CSO: 5400/5876

BRIEFS

FATAL DISEASES OF MANOBO TRIBE--Cotabato City, Feb 17--An outbreak of various diseases, mostly measles and respiratory illnesses, has killed at least 28 members of the Manobo tribe the past few days in Kulaman valley, Sultan Kudarat, it was reported yesterday by the Office of Media Affairs here. The OMA said close to 100 other tribesmen, most of them children, have been downed by the diseases which included malaria, influenza, ringworm, goiter and tuberculosis. The epidemic, according to a report received by OMA, was rampant in the sitios of Mati, Lima, Blancas, Mantil, Sakuling and Linga Walo which border the municipalities of Palembang, Kalamansig and Bagumbayan in Sultan Kudarat. The report said most of those who succumbed to the diseases were children aged from one month to 12 years. Poor sanitary condition around the communities reportedly caused the epidemic. Health regional director Serapio Montaner was reported to have dispatched a team of government physicians complete with medicines to prevent the spread of the epidemic. [By Tony Pe Rimando] [Manila BULLETIN TODAY in English 18 Feb 82 p 4]

MYSTERIOUS DISEASE ALERT--A Japanese scientist warned local doctors yesterday that a new mystery disease that causes muscle weakness, headache, convulsions and sensory disturbances in both children and adults often leading to a fatal stroke has been found in Japan. Dr Katsutoshi Kitamura of the Kyushu University in Fukuoka, Japan, made the announcement before the Second Annual Symposium at the Philippine Heart Center for Asia. It is not known whether the new disease has also been detected in the Philippines. Called the "Moya-Moya" disease, Kitamura said that an increasing number of cases of this disease whose cause is still unknown has been diagnosed in Japan. Moya-Moya is the Japanese term for hazy or puffy and it describes the "abnormal network of blood vessels observed near the internal carotid artery of Moya-Moya patients." Although its cause is still unknown, Kitamura theorized that the "disease is congenital rather than acquired and could be the result of an immunological disturbance, a disturbance in the protective mechanism of the human body." He said that the ailment is usually associated with a narrowing of the kidney artery often seen in patients with high blood pressure. "The abnormal network of blood vessels seen in Moya-Moya victims is located in the basal ganglia and the internal carotid artery appears to be occluded at its end," he explained. [Text] [Manila PHILIPPINES DAILY EXPRESS in English 16 Feb 82 pp 1,6]

CSO: 5400/4925

INCIDENCE, TREATMENT OF LEPROSY IN NATION NOTED

Dakar LE SOLEIL in French 1 Feb 82 p 5

[Article by Mousapha Mbodj: "17,000 Victims Counted"]

[Excerpt] "Senegal now has some 17,000 known cases of leprosy, only 10 to 20 percent of which are contagious," Dr Joseph Arthur Cap, epidemiologist at the Malta Hospital in Dakar, told us. Malta Hospital, which now has some 50 patients, is a referral center where the sick are treated and where student doctors are trained. However, it is also a medical unit for research and advanced training for doctors. It is financed by the Order of Malta, with the participation of the Senegalese Government for operations (personnel, food and pharmacy).

"Here in Senegal, prejudice against leprosy is very stubborn. Our patients should come as soon as the first skin lesions appear. Treatment is easy then and there is no mutilation. Cure is certain," Dr Cap says.

However, the problem, according to Dr Cap, is that they generally come when the disease is in the advanced stages and surgery and chemotherapy are then needed. Treatment is more difficult and more restrictive for the patient. There is naturally early detection at the time of the vaccination campaigns by the Major Epidemic Service. However, Dr Cap says that "results are not yet satisfactory from the standpoint of the speed of these campaigns and especially, the impossibility of examining individuals under satisfactory conditions." Nevertheless, the number of leprosy victims in Senegal has remained relatively stable in recent years.

For treatment, Dr Cap describes four new drugs that make it possible to reduce the length of treatment to six months if the patient comes in as soon as the first symptoms appear. One of the major problems of the leprosy treatment centers is that the patients left them after a while because results were slow, especially when the disease was resistant to treatment.

However, within the framework of prevention, the hope of finding a vaccine in the years to come continues. According to Dr Cap, a research team from the World Health Organization is making the last tests on the harmlessness and effectiveness of the vaccine. In this connection, research by Prof Yvette Pares from the School of Medicine and Pharmacy of the University of Dakar along these same lines (study of a vaccine for leprosy) is the subject of great controversy in scientific circles in Dakar and throughout the world.

While awaiting the development of these interesting prospects, a certain social organization for the reintegration of victims who are "cured" or about to be was set up several years ago, with the establishment of 14 leprosy villages, "which are scattered in the most bizarre fashion," according to Marc Cap from the Institute of Applied Leprology in Dakar (ILAD). "Bizarre" is indeed the word, when one realizes that half of the villages are in Casamance, although the southern region of Senegal perhaps has no more victims than other areas. By way of example, the River region has only one village.

These 14 villages house some 4,000 inhabitants, one-third of whom are still under treatment, a social organization under the Ministry of Social Action but within which national or international aid association play a remarkable role. The National Major Endemic Diseases Services provides treatment in the villages, along with these charitable associations.

11,464
CSO: 5400/5830

COMMITTEE FOR CHOLERA PROBE APPOINTED

Johannesburg THE CITIZEN in English 9 Mar 82 p 13

[Text] Eight deaths and 552 new cases of cholera have been reported during the past week and an inter-departmental committee to establish the need for purified water supplies in stricken areas has been appointed at the request of the Minister of Health and Welfare, Dr Lapa Munnik.

It was announced in Pretoria yesterday that the committee would involve the Department of Health and Welfare, the Department of Cooperation and Development, the SA Defence Force, the Department of Environment Affairs and the Department of Education and Training.

They would have as their most important task the provision of stricken and risk areas with safe drinking water. Special attention would be given to permanent water purification, boreholes and tankers.

The Eastern Cape region is the latest area to be regarded as a potential cholera area.

The total number of deaths caused by the epidemic which is sweeping across the country to date stands at 88. Since August 1981, 6,361 bacteriologically proven cases of cholera have been reported in the Republic as well as in the national states.

It is estimated that approximately 22 000 cases have been treated in KwaZulu and Natal. However, a large number were cases of diarrhoea which had not been diagnostically confirmed as being cholera.

CSO: 5400/5873

SOUTH AFRICA

BRIEFS

TYPHOID CASES CONFIRMED--Two of the four suspected typhoid cases reported in Stanger Prison in Natal had now been confirmed as positive, a spokesman for the SA Prisons Services said in Pretoria yesterday.--SAPA [Text] [Johannesburg THE CITIZEN in English 5 Mar 82 p 13]

CHOLERA THREAT--King William's Town--The Director-General of Health and Welfare in Ciskei said yesterday that because of the high incidence of cholera in Southern Africa it appeared that the entire Eastern Cape region might be affected. The near-threat of recurrent drought conditions in Ciskei was hitting rural areas and small communities the hardest, he added. [Text] [Johannesburg THE CITIZEN in English 11 Mar 82 p 17]

CHOLERA OUTBREAK--An outbreak of cholera was detected about 3 weeks ago in Inhambane. This outbreak particularly is affecting the Districts of Morrumbene and Inharrime and the Chicuque area. The worst hit area is Morrumbene where 50 cholera cases have so far been confirmed. [Excerpt] [Maputo Domestic Service in Portuguese 1030 GMT 6 Mar 82 EA]

CSO: 5400/2103

NEWLY DISCOVERED BACILLUS STRAIN KILLS MOSQUITOES

Colombo THE ISLAND in English 25 Feb 82 p 9

[Article by Reuven Freed]

[Text]

To most of the people in the Western world, the tiny mosquito is little more than an annoying pest. But to millions in the third World, some mosquitoes speel death itself, their bites spreading malaria, yellow fever, dengue and encephalitis.

The appalling death rate from these diseases may some day plummet as the result of a new strain of bacillus known as Bacilus thuringiensis israelensis, isolated by biologist Dr. Joel Margalit at Ben Gurion University of the Negev.

The bacillus, says the scientist, also promises to help mankind kick the dangerous chemical pesticide habit.

Margalit, who has studied the insect world for twenty years, explains that when the synthetic pesticides were first introduced in the 1940s, they were very effective on the insects and were considered relatively harmless to other animal species, including man.

Over time, the creatures became increasingly resistant to the sprays. With chemical pesticides, the number of people suffering from malaria in India, for instance, dropped from 10 million to 60,000 by 1962. But by 1969 the figure rose again to 7 million because of the insects' resistance. To bring the numbers down more powerful toxic pesticides had to be synthesized and applied in larger and more potent does which became health hazards themselves.

As an alternative, scientists in the 1960s turned to natural bio-control agents to spray crops. Today, they are in widespread use but until Margalit isolated the bacillus, no effective bio-control agents existed to combat the lethal mosquito.

Beginning work in 1976, Margalit and an associate, Dr. Leonard Goldberg of the University of California at Berkeley, searched throughout Israel to find the proper bacterial sample. Finally, in 1977, at the bottom of a swampy riverbed near Kibbutz Tzelim, about sixty kilometeres west of Beersheba, they discovered larvae which had mysteriously died.

BACILLUS FOUND IN DESERT

"We became very excited," remembers Margalit. "After bringing them back to the lab to isolate the killing agent, we introduced the bacillus to healthy mosquito larvae—which died within half an hour."

POISONOUS ONLY TO MOSQUITOES

Sensing they were onto something potentially very big, they sent the micro-organism to the famed Institut in Paris. The report which came back confirmed their suspicions: It was indeed a new strain which was extremely virulent to mosquito larvae. The tiny Bacillus thuringiensis israelensis produces a crystalline protein substance during spore formation which acts as a posion to mosquito larvae, by paralyzing their digestive systems soon after they eat the bacteria.

At a Prague meeing of the World Heath Organization (WHO) in 1978, Margalit's findings were endorsed by the body and he was asked to join the Expert Committee of the Scientific Working Group on Biological Control of Insect Vectors (Disease Carriers). His research has been partially funded by the World Health Organization.

In October 1979, Margalit went to Kenya, where he worked closely with local entomologists on the possibility of transporting the mosquito larvae there.

Currently, Margalit is looking into the best methods for field application of his product. "Because it harms no other from of animal life except the mosquito,it need not pass the stringent environmental tests necessary for chemical sprays," he says in the bacillus' favour. "Also, it has a shelf life of at least a year."

Equally important, Margalit has a strong hunch, as yet unproven conclusively, that the cost of producing his mosquito fighter is comparable to chemical pesticides.

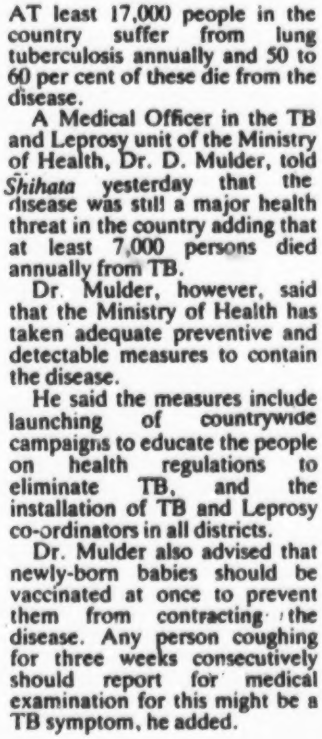
"Every way you look at it," says the enterprising biologist, "everybody benefits except the mosquito."

CSO: 5400/4927

TUBERCULOSIS 'MAJOR HEALTH THREAT'

Dar es Salaam DAILY NEWS in English 2 Mar 82 p 3

[Text]



AT least 17,000 people in the country suffer from lung tuberculosis annually and 50 to 60 per cent of these die from the disease.

A Medical Officer in the TB and Leprosy unit of the Ministry of Health, Dr. D. Mulder, told *Shihata* yesterday that the disease was still a major health threat in the country adding that at least 7,000 persons died annually from TB.

Dr. Mulder, however, said that the Ministry of Health has taken adequate preventive and detectable measures to contain the disease.

He said the measures include launching of countrywide campaigns to educate the people on health regulations to eliminate TB, and the installation of TB and Leprosy co-ordinators in all districts.

Dr. Mulder also advised that newly-born babies should be vaccinated at once to prevent them from contracting the disease. Any person coughing for three weeks consecutively should report for medical examination for this might be a TB symptom, he added.

CSO: 5400/5881

BRIEFS

SECOND CHOLERA OUTBREAK--Morogoro--Cholera has brokeout in Morogoro Region again, claiming 13 lives in Kilosa and Morogoro districts by the end of last month, according to a report issued by Morogoro Regional Medical authorities. The report issued to Shihata said that the killer disease broke out in Kidete, Kilangali, Zombo and Ilonga in Kilosa District where five people are reported to have died while 30 others were treated at the hospital. Shihata said that eight other patients died from cholera at Ngerengere in Morogoro Rural District. It is suspected that a victim from Dodoma was the source of the disease. [Text] [Dar es Salaam DAILY NEWS in English 3 Mar 82 p 3]

MBEYA CHOLERA INCIDENCE ELIMINATED--Mbeya--Cholera in Mbeya which for the past four months killed 14 people has now being wiped-out a senior officer of the Town's Municipal, Ndugu V. Mshumbushi said. All the measures taken because of the disease have now been lifted, he added. He said that people could now freely sell local alcoholic drinks and fruits and vegetables. Mbeya municipality spent more than 200,000/- to treat 413 cholera patients between October 27 last year and February 5 this year. [Text] [Dar es Salaam DAILY NEWS in English 26 Feb 82 p 3]

CSO: 5400/5881

MEDICINES PRODUCTION, DISTRIBUTION TO BE IMPROVED

Hanoi QUAN DOI NHAN DAN in Vietnamese 11 Feb 82 p 2

[Article by Minh Cuong: "Caring for the People's Health"]

[Text] Since the complete liberation of South Vietnam, the public health sector has enjoyed favorable conditions but has simultaneously been faced with an extremely difficult and complex situation. As an aftermath of the former regime, epidemics and social diseases have spread nationwide. Though its task requirements have been on the increase, the public health sector has had only limited capacities and has also lacked public health cadres, medical treatment facilities as well as medicines. Under these circumstances, the public health sector has exerted every effort and scored noteworthy achievements. The greatest achievements over the past years is the fact that the public health sector has reformed the whole public health system left behind by the former society and has continued to build material-technical bases for itself and to develop a broad public health network throughout the country. Up to 1980, the entire country had 2,396 hospitals and medical aid stations and 9,034 village public health-maternity stations together with 14,000 doctors and 28,000 physicians. The average ratio was 1 doctor/physician to 1,200 people. The number of patient beds for every 10,000 people rose from 29 in 1975 to nearly 40 in 1980.

Because of many difficulties in importing medicines from abroad, the sector has paid increasing attention to developing our popular traditional medicine and has stepped up the production of medicines made of domestic raw materials. In 1979, the nationwide area cultivated with medicinal plants was 4,500 hectares which was double that in 1975. Domestic raw material used to produce medicines rose from 9.3 percent of the total amount of medicines in 1975 to 29.3 percent in 1980. The movement to grow medicinal plants and to use Vietnamese medicinal herbs has evenly spread everywhere. To date, there are 200 villages and 51 districts in the country which have fulfilled the standards of cultivation and use of Vietnamese medicinal herbs. Due to the nationwide building of a public health network and to the steady implementation of the preventive medicine guideline, we have been able to check dangerous epidemics such as chelera and bubonic plague which broke out frequently and widely in the southern provinces before the liberation day; social diseases, especially malaria in South Vietnam, have been further repelled.

However, the development of the public health sector has not caught up with the need to protect the people's health. Though attention has been paid to developing the cultivation of medicinal plants and the production of medicines, possibilities are still limited and there still is a serious shortage of curative medicines. Due to the low quality of medicines made of domestic raw materials and to the psychology of consumers who still prefer foreign medicines, insufficient attention has been paid to the use of popular traditional medicines and those made of domestic raw materials. Since medical examination and treatment facilities and medicines producing and distributing installations have not yet been managed satisfactorily, many negative practices have developed, causing inconveniences to patients.

Caring for and protecting the people's health is a very important duty of our party and state which illustrates the superiority of the socialist system. At present, our country is still poor economically and its contingent of public health cadres has reached maturity but is still insufficient and weak. To progress and properly care for the people's health the public health sector needs to take appropriate steps to build up a modern public health system. Right now, it is necessary to know how to closely combine modern medicine and popular traditional medicine. Gradual steps must be taken to develop popular medicine on a scientific and modern basis. It is important to collect, evaluate and widely disseminate medical prescriptions which have been handed down from one generation to another and which have proven capable of curing certain diseases including those difficult to treat with western medicine. It is necessary to conduct investigations about the contingent of good physicians throughout the country, to assess and classify them according to their standards and also to map out a plan and policy to use them appropriately and to enable them to develop their talents and contribute to the task of caring for and protecting the people's health.

There is now a rather urgent demand for medicines to cure our people's diseases and improve their health. In the past, this need was met mostly by foreign aid and import. At present, we must consider it important to develop the sources of domestic medicines. It is first necessary to step up a deep and broad people's movement to cultivate and exploit pharmaceuticals. Concerning public health facilities, norms must be set on the yearly production of pharmaceuticals by taking local conditions into account. Specialized agencies must have a plan to propagandize, guide and widely popularize the technique of raising, cultivating, exploiting, processing and using domestic pharmaceuticals and to organize the supply of young [medicinal] plants and essential technical materials.

Pharmaceuticals culture and cultivation is a production sector which usually requires a high technical degree. The state must have investment and price policies and formulate suitable purchase procedures to encourage and intensify the peoplé's movement for pharmaceuticals culture and cultivation; it must also have a plan to gradually build regions and installations designed to produce precious pharmaceuticals in a concentrated manner and on a large scale in areas where natural conditions are favorable. Along with the production of pharmaceuticals, it is necessary to fully develop the capacities of the existing medicines production installations and to build new industrial production ones which are commensurate with the plans to develop raw materials [production] and to heighten the quality of the medicines produced.

At present, the amount of medicines used to cure our people's diseases comes from various sources: production and distribution facilities belonging to the state, medicines sent by overseas Vietnamese and by cadres and students on mission abroad to their families at home, good physicians who have been authorized to produce medicines according to inherited prescriptions, and so forth. These medicines reach patients mostly through medical treatments facilities and state drug stores but, on the other hand, a fairly important portion of these medicines is still being handled through the free market. It is precisely this portion of medicines which has disrupted the medicines market and given rise to fake medicines prejudicial to the people's health; at the same time, it constitutes a loophole for the imperialists and reactionaries to take advantage of to poison [our people] and create hotbeds of epidemics and diseases. Therefore, our opinion is that the medicines coming from all sources and being circulated in our country must be controlled and their quality assessed and that the circulation of all kinds of medicines at the free market must be strictly forbidden. The state must monopolize the management of medicines of all origins and also their distribution through medical treatment facilities and drug stores.

Beside the management of medicines, it is necessary to properly manage medical treatment facilities, examination rooms, hospitals and medical aid stations. Education must be intensified to heighten the professional conscience and responsibility of the public health personnel and to make sure that patients are treated according to the degree of severity of their diseases and that the medicines distributed reach the patients. In view of the numerous difficulties facing the life of cadres and workers, it is necessary for the state and public health sector to care for and well organize the life of the sector's cadres and personnel and to immediately eliminate the current application of the "three benefits" motto in hospitals because this working method tends to create conditions for the development of negative practices instead of being a good measure to stabilize and improve the life of public health cadres and personnel.

Since production in our country has been developing slowly and proven insufficient to satisfy the consumption demand, the public health task of the state alone cannot yet fully meet the people's need for medical treatment. To care for the people's health and protect it, it is, therefore, necessary to closely coordinate the state's effort with the people's contribution.

To partly overcome the shortage of curative medicines, it is now still unadvisable, in our opinion, to raise the question of free medicines distribution in hospitals; rather, we must consider the possibility of reducing the rate of payment [by patients] for the medicines used for treatment--this in view of the need to partly mobilize the people's and mass organizations' money to create conditions to further increase the sources of medicines.

Caring for and protecting the people's health is a task of our entire party and people. Beside the heavy responsibility laid on the public health sector, it is necessary that other sectors and all levels and citizens pay due attention to preventive hygiene in each household and at public places and carry out this task well. Army units stationed in each locality must set a good example in applying preventive hygiene and work as activists in the movement to care for and protect the people's health.

9332
CSO: 5400/5838

ZAMBIA

VILLAGERS SEEK TEAM TO PROBE 'MYSTERIOUS DISEASE'

Chief Meets With Health Officials

Lusaka TIMES OF ZAMBIA in English 8 May 82 p 1

[Text] **VILLAGERS in Senior Chief Chiwala's area in Ndola Rural have called on the Copperbelt provincial medical officer to send a team of health staff to investigate a mysterious disease which has already claimed six lives within a week.**

The chief told Member of Parliament for the area Mr Eno Juma Banda and two representatives from the Ministry of Health at a meeting which was held at Chiwala Primary School on Saturday that villagers suspected an outbreak of malaria or cholera.

The victims felt feverish and died within a few hours after complaining about the illness.

The villages which are affected are Chilengwa, Lupiya, Mutetoshi and those near the border with Zaire.

The provincial medical officer Dr Vinayak Ganu said yesterday he was waiting for a report on the matter from the two officials who attended the meeting.

"I sent two people to the meeting and they will submit what was discussed to me on Monday. We will take immediate action after determining the problem", Dr Ganu said.

And Mr Banda said it was important that health officials should carry out a thorough check up of the villagers to determine the disease which was causing deaths.

Medical Officer's Comments on Appeal

Lusaka TIMES OF ZAMBIA in English 10 Mar 82 p 5

[Excerpt]

COPPERBELT provincial medical officer Dr Vinayak Ganu has appealed to villagers in Senior Chief Chiwala's area in Ndola Rural not to panic following reports of an outbreak of an undiagnosed killer disease in the area.

Dr Ganu who was commenting on an appeal by Chief Mushili to send health officers to determine the cause of deaths among the villagers said the deaths were "normal" and there was nothing to be investigated.

CSO: 5400/5886

ZAMBIA

BRIEFS

ANTI-RABIES MEASURE--The shooting of stray dogs in most residential areas in Ndola has been intensified in a bid to control the outbreak of rabies. The provincial veterinary officer for the Copperbelt, Dr Vlabimir Vipazka said in Ndola yesterday that this was the only effective way of controlling rabies in the absence of the vaccine. Dr Vipazka said the exercise started last week and had achieved the intended objectives. He said many residents had complained to him that there were many stray dogs roaming the streets menacingly. The department had to take immediate precautionary measures by shooting them, he added. Dr Vipazka also appealed to pet owners to cooperate with his department by keeping their pets in enclosures or chained. Zana [Text] [Lusaka DAILY MAIL in English 10 Mar 82 p 5]

CSO: 5400/5886

BRIEFS

BOTULISM CAUSES CATTLE LOSS--Farmers in the Tsabong area have lost a total of 210 cattle in the past few weeks, to what a spokesman of the Veterinary Department said were attacks of botulism. One of the farmers who lost cattle, Mr Johannes Brookes, said many of his cattle also died because of the long distance they travelled for water. He said sometime the cattle stayed for up to three days without water. He also complained of the problems of overgrazing. The Tsabong Agricultural Officer, Mr N.M. Mokhalee confirmed that cattle may die if they got water only after a long period of time, especially during the hot season. The death of cattle in such large numbers, however, is proving an advantage to meat consumers as meat prices have gone down. It is not surprising to get five-kilograms of beef for as little as for P2 or even less.--BOPA [Text] [Gaborone DAILY NEWS in English 8 Feb 82 p 3]

CSO: 5400/5879

BRIEFS

ANIMALS AFFECTED BY SCABIES--All areas in the republic have been declared affected by animal scabies (bovines, caprines and ovines). According to a decree from the Ministry of Agriculture all animals must be examined or periodically bathed in special disinfectant medicine in order to fight the disease. Owners of caprines or ovines presenting suspicious symptoms must immediately report to the nearest veterinary station and take appropriate measures to isolate any affected animals. The decree further states that in case an animal suffering from scabies is found in a herd, the entire herd will be isolated and all animals in the area will be disinfected. The decree adds that these protective measures will be lifted when no other scabies case will be registered 56 days from the appearance of the first outbreak. [Text] [Nicosia TA NEA in Greek 21 Feb 82 p 1]

CSO: 5400/5319

BRIEFS

MYSTERY DISEASE KILLS CATTLE--Djakarta, 6 Feb--A mysterious cattle disease has swept the island of Bali, killing hundreds of cattle in the past several weeks, it was reported today. An animal husbandry veterinarian was quoted by the SINAR HARAPAN daily as confirming the plague, saying it had reduced the cattle population in the Legian and Kuta districts alone from 193 to 80 head in a relatively short time. Animals infected by the disease, which started to hit herds about two weeks ago, are affected by a foamy fluid in the mouth and rectum bleeding, the report said. NAB/AFP [Text] [Rangoon THE WORKING PEOPLE'S DAILY in English 8 Feb 82 p 7]

CSO: 5400/4924

BRIEFS

RABIES IN OUTJO DISTRICT--Rabies has broken out in the Outjo district and this could have serious consequences in view of the present shortage of vaccine in SWA. The State Veterinary Surgeon of Outjo, Dr P. Pascon said yesterday that seven confirmed cases have been reported to him. Three of the cases affected cattle and the other four were kudu. The Outjo district is still suffering from the recent drought and farmers will be seriously affected by a rabies epidemic. A spokesman for Veterinary Services in Windhoek said all available vaccine for cattle was sent to Outjo recently. Farmers can order vaccine directly from the Onderstepoort through SWAVET. [Text] [Windhoek THE WINDHOEK ADVERTISER in English 12 Mar 82 p 1]

CSO: 5400/5885

BRIEFS

SWINE FEVER OUTBREAK--Technicians from the Agricultural Development Ministry have detected an outbreak of swine fever on farms in Las Margaritas, Chepo Municipality. The outbreak--which has been blamed on bats--was detected during a check requested by farmowners. [PA032209 Panama City LA REPUBLICA in Spanish 25 Feb 82 pp 1, 10]

CSO: 5400/2101

BRIEFS

VIRUS VACCINES QUARANTINED--Manila International Airport, Feb. 21--Virus vaccines worth ₱ 3.2 million (US$400,00) were held by quarantine officials of the bureau of animal industry (BAI) "for lack of import permits." Dr Pastor S. Cruz, veterinary quarantine officer assigned here, said the importers, consisting of five drug companies with offices in Quezon city, had tried to mislead his personnel by submitting fake import permits. "Importation of this vaccine is like introducing a new animal disease in the Philippines which is considered highly transmissible among swines," Cruz said. He said the introduction of the virus vaccines, called "TGE," (for transferable gastro-enteritis), is "very dangerous because we don't have yet the animal disease for which the vaccines will be used." He said seizure proceedings have been taken for the confiscation of the vaccines which will be used for prosecution of the importers and for proper disposal. Earlier, Cruz ordered the seizure and destruction by burning of two live goats brought in by a "very influential person." The goats, he said were suspected to be carriers of African swine fever, a contagious and dreadful disease. [By C. C. Rosales] [Text] [Manila BULLETIN TODAY in English 22 Feb 82 p 36]

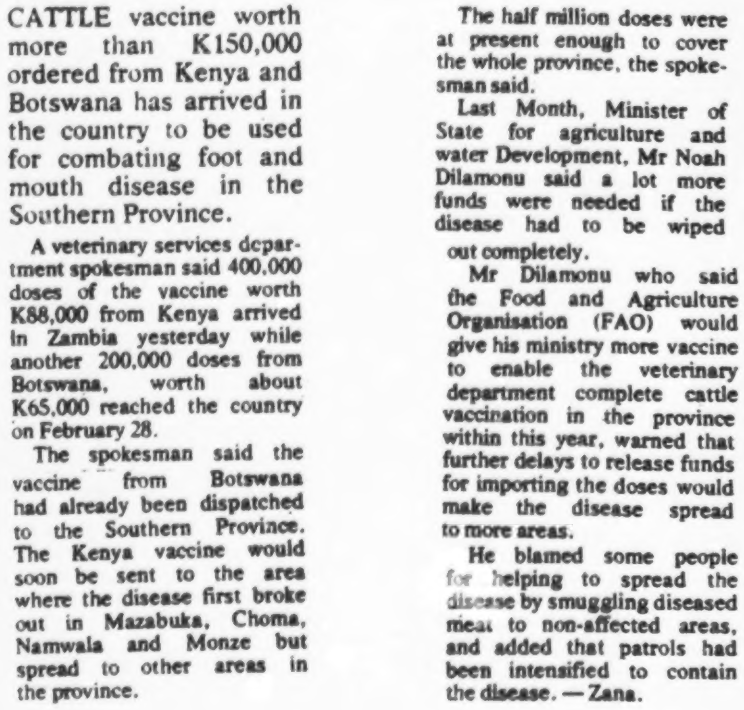
CSO: 5400/4925

ZAMBIA

FOOT-AND-MOUTH DISEASE VACCINE ARRIVES FROM KENYA, BOTSWANA

Lusaka DAILY MAIL in English 9 Mar 82 p 5

[Text]



CATTLE vaccine worth more than K150,000 ordered from Kenya and Botswana has arrived in the country to be used for combating foot and mouth disease in the Southern Province.

A veterinary services department spokesman said 400,000 doses of the vaccine worth K88,000 from Kenya arrived in Zambia yesterday while another 200,000 doses from Botswana, worth about K65,000 reached the country on February 28.

The spokesman said the vaccine from Botswana had already been dispatched to the Southern Province. The Kenya vaccine would soon be sent to the area where the disease first broke out in Mazabuka, Choma, Namwala and Monze but spread to other areas in the province.

The half million doses were at present enough to cover the whole province, the spokesman said.

Last Month, Minister of State for agriculture and water Development, Mr Noah Dilamonu said a lot more funds were needed if the disease had to be wiped out completely.

Mr Dilamonu who said the Food and Agriculture Organisation (FAO) would give his ministry more vaccine to enable the veterinary department complete cattle vaccination in the province within this year, warned that further delays to release funds for importing the doses would make the disease spread to more areas.

He blamed some people for helping to spread the disease by smuggling diseased meat to non-affected areas, and added that patrols had been intensified to contain the disease. — Zana.

CSO: 5400/5886

PLAN TO OPEN VET CENTERS

Salisbury THE HERALD in English 2 Mar 82 p 7

[Text] An all-out programme to build 205 animal-health centres, to cater for livestock in the country's communal areas, is being planned by the Department of Veterinary Services.

Announcing this, a spokesman for the department said one centre would cater for between five and 10 diptanks. He would not say when the first centre would be operationa; he explained that everything hinged on how funds promised by international donors would become available.

"A lot depends on funds and many countries have promised to help," he said.

"We are planning a national programme of building animal-health centres throughout the communal areas."

The spokesman said these centres would be run by staff from Agritex and the veterinary department, sharing offices and accommodation.

The exercise was starting to get off the ground now, and a school for veterinary assistants being built in Mazoe should be completed in July.

There was accommodation for 50 students, who would go in at agricultural-certificate level, he said.

"We have taken on staff already, but we are in the process of getting them accommodation. It will take a bit of time to get the exercise going," the spokesman said.

Meanwhile, Ziana quotes Mr Chibamu Matanyaira, an assistant provincial agricultural officer, as saying 41 veterinary centres would be built in the eight districts of Victoria Province.

He said the centres would comprise a storeroom, skin-curing sheds, simple veterinary instruments, vaccines and remedies, plus handling facilities.

"It will go a long way towards improving the quality of beef cattle in the communal areas," he said.

CSO: 5400/5869

BRIEFS

GRASSHOPPERS ON FLINDERS ISLAND--Melbourne, Australia, Feb 10 (AP)--Visitors to Flinders Island are being warned not to wear green--they could have skirts eaten right off their backs. The island, off the southern tip of Australia, is being overrun by grasshoppers with a passion for anything green, officials say. Phill Warren, district officer with the Department of Agriculture at Whitemark, said Wednesday that green paint, green curtains and even green underpants on a clothes line had fallen victim to the grasshoppers. "I'm blowed if I know what they want to eat knickers for," he said. Warren said the plague of wingless grasshoppers had been a serious problem since last December and now covered the island. [Text] [Taipei THE CHINA POST in English 13 Feb 82 p 6]

CSO: 5400/4924

AGRICULTURE MINISTRY AWARE OF STALK BORER WORM

Hits Barolong Farms

Gaborone DAILY NEWS in English 5 Feb 82 p 2

[Article by Larona Sedimo]

[Text]

THE MINISTRY of Agriculture is aware of the problem of stalk-borer worm severity especially in the Barolong Farms, the Minister of Agriculture, Mr W.R. Meswele told the House of Chief on Tuesday.

He was replying to a motion tabled by Kgosi Tshipikgano Motlhatlhedi of Barolong Farms calling on the Government to eradicate the stalk borer which was said to be a menace to arable farming in the area.

Mr Meswele explained that as a response to the disaster in the area, a team of the people from the Department of Research and Field Services visited Barolong Farms to assess the extent of the problem. "Soon after this," he added, "a number of measures were taken."

"A mechanised sprayer was sent to the area to assist those farmers who had bought chemicals. A five ton vehicle was sent to South Africa to purchase chemicals (endosulphan and grotofox) which are liquids for spraying and trichlorfon a granulas insecticide," he outlined. These, he added, were sent to the Livestock Advisory Centre in Pitsane to be sold to farmers at cost price.

The Minister also pointed out that attempts were being made to buy more spraying equipment.

Following the outbreak of the stalk borer, the Minister told the chiefs, "Agricultural Demonstrators in the Barolong area were collected for a day serminar" to make sure they were alert to the problem to brief and associate them on the use of the incecticides so that they could advice the farmers accordingly.

He said that further material was being prepared for advice to farmers on how to minimise the reoccurance of the pest next year.

When moving the motion, the Barolong Chief had said Government had neglected the problem caused by the warm in the area.

Some of the Chiefs who supported the motion accused the Government of neglecting arable farming and only being concerned with stock farming. They argued that when Foot and Mouth desease attacked the country, the Government campaigned against the desease until it was completely eradicated.

They said all these types of farming could be turned into sources of income if the Government encouraged people." Said Kgosi Linchwe of the Bakgatla: "We must strive hard to be self-sufficient.

The House which seemed not very pleased with the Minister's explanation, however, passed the motion. **BOPA**

Maize Destroyed

Gaborone DAILY NEWS in English 9 Feb 82 p 2

[Article by Jerry Masete]

[Text]

THERE IS an outbreak of maize-stock-borer in Barolong area and about 70 per cent of the maize crop has already been destroyed by the pests.

This was disclosed by the District Agricultural Officer Mr Moruti Motlhanka in an interview with BOPA yesterday.

He said the spread of these pests continued unabaited adding that the Ministry of Agriculture had been informed of the plague.

Barolong farmers were advised to buy tractor-mounted sprayers or knap-sack sprayers but they were either reluctant or could not afford to buy these, he said.

He also said insecticides such as endosulphan or monocrothophous and prichloson which are used in the sprayers were available at Good Hope but only a few farmers had bought them.

Mr Motlhanka also said most farmers had been confident that the six-week outbreak of the worm would be wiped out by the December/January rains but this proved to be the opposite.

Asked why the Minister of Agriculture could not intervene in the eradication of the pests, Mr Motlhanka said the farmers with the availability of insecticides and equipment should take the initiative.

"Besides that," he said, "farmers should always ensure that they winter-plough their lands and practise crop-rotation most frequently."

He declined to assess this year's Barolong harvest saying he was a new man in the area.

CSO: 5400/5879

DETAILS OF DISEASES AFFECTING MANIOC, INSECT DAMAGE

Brazzaville MWETI in French No 521, 7 Jan 82 pp 1, 4

[Excerpt] Today Europe is importing more and more manioc, which it uses in the livestock feed industry.

Thus with the populations of consumer countries on the rise and industries consuming more and more raw materials, we are currently witnessing a revival of interest in manioc. This renewed interest is also starting to attract the attention of researchers worldwide, particularly those of the Loudima Agronomic Research Center (CRAL), who are working constantly to improve manioc production, since it is known that this crop is threatened by numerous diseases. The CRAL's research work has caught the interest of the Research Center for International Development (CRDI), which helps to finance its work.

Initially directed by Mabanza Joseph (who is in Europe today), research to improve manioc harvests is being continued at the CRAL under the direction of agronomist Victor Mbama.

It should be noted that manioc is particularly threatened by two main diseases: manioc bacteriosis, or xanthomonas manihotis, and mosaic. These diseases make it impossible to obtain good yields.

Mosaic reduces leaf surface through deformation of the leaves and thus reduces photosynthesis. It has also been found that the density of the manioc harvest drops following mosaic attacks.

Manioc bacteriosis is rampant in the rainy season and in areas where attacks are very severe, the disease can cause significant damage. Plantations generally look like only fields of sticks of dead wood following attacks.

There is also the manioc cochineal insect, or phenacoccus manihoti, which is of recent introduction in Central African countries. It was first reported in the Congo by Sylvestre (1972) and in Zaire by Hanh and Williams (1973) at about the same time. It has also been reported in Angola, Gabon, Nigeria, Senegal and the Central African Republic.

The damage caused by the cochineal insect during the dry season is dramatic. It is characterized by a sharp decline in apical growth and the death of young manioc plants. Most plants nevertheless resume a normal vegetative cycle with the arrival of the first rains, but the proliferation of pseudococidae results in a loss of leaf material and a reduction of tuber production.

As a result of laboratory work (jointly conducted by CRAL and WHO-Congo researchers), periodic observations are being made of the manioc cochineal insect, making it possible to study the main parameters of the biological cycle: development time of different stages, longevity of the female and her fertility.

Combating Bacteriosis

To combat all of these diseases, the CRAL, in cooperation with the International Tropical Agriculture Center (CIAT) in Colombia and the International Tropical Agriculture Institute in Ibadan, Nigeria, is stepping up its research to find domestic and foreign varieties which are resistant to the aforementioned diseases, in order to improve manioc production.

Thus manioc hybridization and selection operations, for making manioc resistant to bacteriosis, are being conducted at Loudima and the regional station at Odziba (north of Brazzaville), which is an area that has been particularly affected by manioc bacteriosis. The same experiment is being tried at Mbe, in the area surrounding Brazzaville, for the multiplication and observation of newly examined local varieties.

11915
CSO: 5400/5797

BRIEFS

COFFEE RUST SPREAD--Tegucigalpa, 1 Mar (ACAN-EFE)--Wilfredo Herrera, manager of the Honduran Association of Coffee Producers [Asociacion Hondurena de Productores de Cafe--AHPROCAFE], reported today that half of the coffee plantations in Honduras have been affected by coffee rust. According to this official, the disease has spread because the government programs to fight it do not have the necessary funds to implement effective operations. [Panama City ACAN in Spanish 1849 GMT 1 Mar 82 PA]

CSO: 5400/2101

BRIEFS

TALES ON LOCUST MENACE--The visiting four-member Indian delegation on locusts led by Mr R.C. Gupta, Joint Secretary Indian Ministry of Food and Agriculture, had final round of talks on Thursday with the Pakistani authorities on measures to forge greater mutual cooperation to control locust. Mr Anwarul Haq Razvi, Joint Secretary, Ministry of Food and Agriculture, Government of Pakistan, led the Pakistan delegation which also included Mr Fariduddin, Director of Plant Protection Department. The talks centered round the recommendations adopted at the last high level meeting on the subject held in India in 1970, review of the implementation of those recommendations and exploring scope of further cooperation. The two delegations expressed satisfaction that prompt and regular contact on the movement of locusts through wireless links had produced positive results and decided that the wire links should be made permanent. The next round of periodical talks will be held in New Delhi. A date will be announced later. The Indian delegation is flying back to New Delhi this afternoon.--APP [Text] [Karachi DAWN in English 5 Mar 82 p 1]

CSO: 5400/5876

BRIEFS

WIDESPREAD WHEAT DISEASE--According to reports by the provincial crops insect pest and plant disease survey station, the powdery mildewing of wheat has occurred in Enshi, Xingshan, Zhijiang, Jiangmen, Yingshan, Yingcheng, Dawu, Sui and Gucheng Counties and in Hunnan agricultural management bureau. The incidence of the disease in some plots is as high as 19.8 percent of all the plants. An analysis, based on the characteristics of the temperatures in spring this year, the current existence of the germs and the situations where the jointing of wheat has been generally delayed, and where a relatively large amount of nitrogenous fertilizers has been used has showed that the powdery mildewing of wheat will be very widespread this year. It is hoped that all localities will strengthen investigations and analyses and carry out comprehensive preventative and curative work in a timely way. [Text] [HK031132 Wuhan Hubei Provincial Service in Mandarin 1100 GMT 2 Mar 82]

CSO: 5400/2100

GRAIN BORER PESTICIDES TESTED

Dar es Salaam DAILY NEWS in English 1 Mar 82 p 3

[Text] The Ministry of Agriculture is still studying the most effective way of controlling the maize boring beetle of American origin dubbed Scania by the local peasants.

The Ministry's Director of Research Dr. John Liwenga said yesterday in Dar es Salaam that studies include trials on the most effective pesticide in Tabora and Kilosa.

The trials at Tabora were being undertaken at the Tumbi Agricultural Research Station.

Ndugu Liwenga said that in the meantime, the Ministry had recommended the use of a pesticide going under the trade mark 'Actellic (two per cent dust') which has proved effective against the beetle.

The Scania beetle, Prostephanus Truncatus, is reported to be attacking stored maize in Tabora, Shinyanga, Mwanza and Morogoro regions. In Morogoro it is mainly threatening the harvest at Kilosa.

Meanwhile Shihata, quoting the Managing Director of the Twiga Chemical Industries company Ndugu F. Melekia, reported at the weekend that formulation of 62 tonnes of Actellic which was imported recently had been completed.

He said formulation of the insecticide was completed last week.

CSO: 5400/5881

ZAMBIA

ENTOMOLOGIST DENIES GRAIN BORER PRESENCE

Lusaka DAILY MAIL in English 26 Feb 82 p 3

[Text] GRAINS Storage entomologist, Mr Edward Sakufiwa has dispelled Press reports that a large grain borer has invaded the country and might destroy stored grain.

Mr Sakufiwa said the insects, which he collected from the Northern Province and were examined by the Commonwealth Institute of Entomology proved that they were not grain borers.

He said farmers must be reassured that from the results of the identification, Zambia was still free from the dreaded pest in the meantime.

He, however, said vigilance at the borders must be intensified to restrict movement of infestible products coming into the country from Tanzania where the grain borer is reported to be present.

The entomologist said he would continue to get more information on the pest and the extent of the damage it causes from countries where it has been reported.

CSO: 5400/5870

CROPS WIPED OUT AS ARMY-WORM INVASION SPREADS

Wedza Worst-Hit

Salisbury THE HERALD in English 17 Feb 82 p 1

[Text] **THE army-worm invasion of Zimbabwe has reached critical proportions in some areas, with reports of whole fields of crops being destroyed by the pest.**

The head of entomology in the Department of Research and Specialist Services, Dr Shadrack Mlambo, said yesterday that one of the worst-hit areas was Wedza.

Here, in a belt 20 km long and 5 km wide, extensive damage has been inflicted on maize, sorghum, millet and rapoko crops, and in some parts of the district whole fields of crops have been wiped out.

"The situation is serious in communal lands in Wedza, Mrewa, Mudzi, Chiweshe, Mhondoro, Uzumba, Chitomborgwizi, Buhera and Ndanga.

"Reports have also been received from commercial areas all over the country — except Bulawayo," said Dr Mlambo.

Hundreds of reports of army-worm had been made in the Salisbury area.

Large areas of golf courses in the capital were said to have been destroyed.

The Salisbury reports were coming mainly from the western side, although there were pockets of the pest in other parts of the city.

Dr Mlambo said the first reports of outbreaks came from the Cashel and Umtali areas in early January. Since then the army-worm moths had moved extensively westward.

The moths usually come from Tanzania, Malawi and Mozambique, where similar problems are being experienced.

The strength of the invasion is recorded at traps set in various parts of the country, and movements are then forecast.

This year's severe outbreak — the worst since 1973 — is tied up with the weather. Moths are concentrated in areas of wind convergence and brought to ground by downdraughts produced by rainfall.

This year this action coincided with warm temperatures at night — a perfect situation for egg laying. Rapid development of the larvae followed, and new millions of caterpillars are spread throughout the country.

Dr Mlambo said that army-worm caterpillars fed on crops of the grass family and destroyed not only much-needed food crops, but also grazing for animals.

Outbreaks can occur between October and May, depending on the rainfall pattern.

He advised farmers who had lost complete crops to replant with early maturing crops, such as beans and sunflower, as it was too late to replant maize and sorghum.

When an outbreak occurred, Dr Mlambo said, a report should be made to the Plant Protection Research Institute in Salisbury and control measures should be effected immediately.

"Control of this pest can be effected by spraying the crop with one of the following insecticides, which can be purchased from any of the major agro-chemical companies:

"Carbaryl 85 percent wp — 625 g/100 litres water/ha; Carbaryl/molasses 25 percent SC — 2.41/100 litres; Malathion 50 percent eo — 660 — 1 250 ml/100 litres; Thiodan 35 percent mo — 1 litre/200 litres water; Trichlorfon 95 percent sp — 150 g/100 litres water."

[Photo caption] The pest that is ravaging large areas of Zimbabwe--the African army-worm. When fully grown it is over 25 mm long and velvety black. It has several yellowish lines along its body.

Helicopter Spraying

Salisbury THE HERALD in English 18 Feb 82 p 3

[Text]

A VIGOROUS spraying campaign involving a helicopter has been launched to wipe out the army-worm outbreak, the worst Zimbabwe has experienced for many years.

A Ministry of Agriculture spokesman said Carbaryl pesticide spray would be issued in small packs to peasant farmers whose lands were badly infested. Groups of farmers would share sprayers.

In Salisbury the police golf course was sprayed with pesticide by helicopter on Monday following an invasion by the voracious caterpillars which attack any type of grass.

Gardens, fields and golf courses throughout the capital have been infested by the army-worms. The western side of the city is the worst hit.

The helicopter operation prevented serious damage to the police course, north-east of the city centre, according to a club spokesman.

At Royal Salisbury and other golf clubs in and around the capital, hand-spraying took place this week.

The Ministry of Agriculture spokesman said yesterday reports received showed that this year's outbreak of the pest was the worst for many years. Damage in some of the communal lands bordering the central watershed was serious. Districts affected included Wedza, Goromonzi, Mhondoro and Mtoko.

"For the worst-affected areas, such as Wedza and Kunzwe communal lands, Agritex will organise spraying of the swarms in grazing land and other open ground. The Carbaryl spray is not poisonous to humans or domestic animals and wildlife.

"It does not persist for long periods but should kill the army-worm caterpillars in time to prevent their breeding and starting another outbreak."

The spokesman advised farmers to spray any infested areas as soon as they saw the caterpillars. Advice could be obtained from the Plant Protection Research Institute in Salisbury (telephone 704531) or from the nearest Agritex official.

Army-worms have been reported in the Tjolotjo area of the Nyamandhlovu district, a spokesman for Agritex said in Bulawayo yesterday.

But a serious green bush locust problem is developing in central Matabeleland, a spokesman for the Department of Research and Specialist Services said yesterday.

The locusts have been reported in a belt stretching from West Nicholson north-west to Nyamandhlovu.

The pests, first reported 10 days ago, attack vegetables and vines, and are prevalent in the Bulawayo airport area.

CSO: 5400/5861

ZIMBABWE

BRIEFS

LOCUSTS INVADE FARM--Bulawayo--A Bulawayo farmer and vegetable grower, Mr Ian Wannell of Greenacres Poultry Farm, Kensington, is fighting a losing battle against an invasion of hopper green bush locusts. "They are coming in from the surrounding bush in swarms," he said yesterday. "And I know it will be worse when they can fly. We won't have a green leaf left on the property." He said he keeps spraying his vegetables and citrus trees. But as fast as they are killed, others swarm in. They seemed to have no predators because of the evil stench they emit when frightened, Mr Wannell said. The Government horticulturalist, Mrs Barbara Parsons, said earlier that the invasion of hoppers had been seen advancing on a line from West Nicholson to Nyamandhlovu. Many growers had asked her for spraying directions, she said. But yesterday, in a round of telephone calls, no other infestation than Mr Wannell's was located. [Text] [Salisbury THE HERALD in English 20 Feb 82 p 3]

ARMY WORM DANGER--Army-worm attacks have died down, but another mild outbreak can be expected from next Wednesday, says Dr Shadrack Mlambo, head of the entomology section of the Research and Specialist Services Department. "We know they are pupating now and we would expect another outbreak soon," he said. "But the outbreak may not be of any economic importance because the host plants will have grown a bit too tough for their liking. We still have to see what effects it will really have on the young crops of farmers who planted very late or have replanted." Each female army-worm can lay up to 800 eggs at a time. Moths emerge from the pupal stage five weeks later. Young caterpillars can feed only on young tender foliage so that a newly germinated crop is particularly at risk if all other vegetation in the area is dry and tough. [Text] [Salisbury THE HERALD in English 5 Mar 82 p 12]

CSO: 5400/588

END

JPRS 80473

1 April 1982

Worldwide Report

EPIDEMIOLOGY

No. 272

FBIS FOREIGN BROADCAST INFORMATION SERVICE

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1 April 1982

WORLDWIDE REPORT

EPIDEMIOLOGY

No. 272

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BRIEFS

DENGUE FEVER SCARE--Dengue fever, a disease spread by a type of mosquito, has laid low 40 people on the popular holiday centre of Norfolk Island. An RAAF Hercules flew there late yesterday carrying two entymologists and a health inspector with insecticide and laboratory equipment to eradicate the insect. About 500 Australians are holidaying on Norfolk. The outbreak appears to be part of a resurgence of the disease which has occurred in tropical areas in the past couple of years. [Excerpts] [Canberra THE AUSTRALIAN in English 12 Jan 82 p 1] Sydney--The government medical officer on Norfolk Island, Dr Alan King, said last night a virus which made about 40 people ill on the island had not been identified. He said reports calling it dengue fever had scared tourists. "We have not isolated any cases of dengue fever and are amazed and horrified by some of the reports," he said. "We think the virus may be an arbor virus which causes aches and pains, severe headaches and rashes." Dr King said these symptoms were similar to those of dengue fever. Authorities believed the virus was transmitted by mosquitoes and two Federal Health Department entomologists had begun surveying and eradicating mosquitoes. The 40 cases had been spread over the last five or six weeks and there had only been three cases in the last 10 days, Dr King said. [Brisbane THE COURIER-MAIL in English 13 Jan 82 p 11]

CSO: 5400/7531

BRIEFS

THIRTEEN RABIES DEATHS--Cucuta--A total of 13 persons died of rabies in Cucuta between 1981 and this February, said Doctor Gilberto Bustamante, administrator of the Leones Clinic. The dramatic disclosure caused amazement in the various welfare centers of the capital of the Norte de Santander department and the community in general. Bustamente added that many cases were treated in the above mentioned medical center last year and that the recorded deaths were the result of carelessness on the part of the afflicted people who waited too long to ask for medical help. So far this year, three children have died. They contracted the disease from the bites of dogs in various districts of the capital. The doctor remarked that the vaccine is only 80 percent effective when administered in time, and that it is useless when the virus has already reached the brain. [By Agustin Suarez] [Text] [Bogota EL SIGLO in Spanish 28 Feb 82 pp 1, 10] 8255

CSO: 5400/2102

AFRAM PLAINS AFFECTED BY SPREAD OF GUINEA WORM

Short-Term Measures

Accra GHANAIAN TIMES in English 22 Feb 82 p 8

[Article by Elvis D. Aryeh]

[Excerpt] The Provisional National Defence Council (PNDC) has made available 1,000 packets of water stabilising drugs (Aclorin—25) to combat the spread of guinea worm at Odumasi and other affected areas in the Afram Plains.

The council has also provided 300 bags of cement for the construction of wells as a medium term measure to eradicate the disease and three Saurer trucks.

Although not deadly, guinea worm is a water-borne disease that causes painful swollen legs making the afflicted morbid and unable to walk.

The items were presented by a medical assistant to the PNDC who is also a Staff Sergeant of the People's Army to the Eastern Regional Secretary, Mr Yaw Akrasi-Sarpong, at Koforidua at the week-end.

Meanwhile, Dr Nii Ayikuma Adamafio, deputy director of Medical Services in charge of the Eastern Region had hinted that feverish preparations were underway to dispatch a medical team to the plains before the end of the week.

Dr Adamafio said apart from the drugs some herbal solutions were also being prepared by the Centre for Scientific Research Into Plant Medicine at Akuapim Mampong for the people in the area.

The long-term measure to curb the disease will be to get the people in the area good drinking source of water supply, Dr. Adamafio observed.

House-to-House Visits

Accra DAILY GRAPHIC in English 27 Feb 82 p 8

[Article by Elvis D. Aryeh]

[Excerpts] A team of doctors and para-medical staff has started an intensive house-to-house visits to treat all those affected by the recent outbreak of guinea worm at Odumasi and other areas in the Afram Plains.

The victims were given both vital intra-muscular injections and drugs including water stabilising tablets donated by the Provisional National Defence Council.

In addition, other drugs and herbal solutions made available by the head of the Epidemiology Department of the Ministry of Health were dispensed to the victims.

Led by the Deputy Director of medical Services in charge of the Eastern Region, Dr Nii Ayikuma Adamafio, the team arrived at the affected areas of the Plains on Tuesday.

According to Dr Adamafio, the treatment so far given to the patients will have visible effects after two weeks.

After this period, he indicated, there will be follow-ups by the medical team to ensure that the victims are properly healed.

Dr Adamafio stated that in the meantime an intensive public education towards the eradication of the disease had begun.

People in all affected areas are first and foremost being advised to boil and filter water meant for domestic use.

Community Appeal

Accra DAILY GRAPHIC in English 2 Mar 82 p 8

[Text] The chief and people of Eshiem near Oda have appealed to the Provisional National Defence Council (PNDC) to help eradicate an outbreak of guinea worm which has hit the area.

Making the appeal during the launching of the year's World Health Day in the Oda District, Nana Essuman II, chief of the area, said the only source of water for the people was infested with the worms.

As a result, both the old and the young people, especially those in primary schools, are easily affected by the disease.

Nana Essuman said the people were prepared to dig wells through communal labour if the government would provide them with technical assistance and materials.

CSO: 5400/5898

BRIEFS

INFECTIOUS DISEASES IMMUNIZATION--The inhabitants of Opak, a village near Nsawam, were on Thursday immunized against infectious diseases like yellow fever, measles and titanus. The exercise was undertaken by the University of Ghana Medical School Students Association as part of a national health week campaign as well as their contributions towards the national Students Task Force in furtherance of the Revolution. The exercise was supervised by the Department of Epidermiology of the Ministry of Health. The students also educated the people on sanitation, communicable diseases and child immunization. According to a spokesman for the association, the students would carry on similar assignment in the rural areas of all the regions. The campaign was launched by the Director of Medical Services, Dr E. G. Beausoleil, last Monday. [Text] [Accra GHANAIAN TIMES in English 27 Feb 82 p 3]

TETANUS VACCINATION--The Society of General Medical Practitioners will as from today begin to vaccinate all students taking part in the Task Force exercises for the evacuation of cocoa, the clean-up exercise and the road habilitation programmes. The vaccination is to protect them against the dangers of infection which may be incured during these exercises. The vaccination to start with is against Tetanus. The programme will continue as long as vaccines are available. An immunization van will start with those in the Greater Accra-Tema region. The vaccination team will visit as many district and zonal meeting groups today for the exercise. From Monday onwards, as part of their contribution members of the society will vaccinate any student in the Task Force working in the Accra-Tema area free of charge. Doctors will also treat emergency cases of all task force students free of charge provided they have their identification. This exercise is in collaboration with the Department of Immunology of the Ministry of Health. Further vaccination programme have been planned. As soon as more vaccines are available, the exercise will be extended to cover other diseases and the programme extended to other regions. [Excerpt] [Accra GHANAIAN TIMES in English 20 Feb 82 pp 1-2]

CONTAMINATED SALMON CANS RECALLED--The Ministry of Health yesterday announced that 36 brands of Alaskan salmon canned and packed in 1980 and 1981 have been found to be contaminated and highly injurious to health. The public is, therefore, directed to surrender all such products to the nearest health office at once. The size is 7 3/4 ounce with a two line code. The top line has five characters of which the middle three are K13. The second line has four characters. The 36 brands are GB, Hyde Park, Shop Well, Imperial Hi-Top, S and W

Fine Food, Whitneys, Prelake, Sea-Trader, Osprey, North Bay and Red Rambler. Others are Ally, Pollouk, LDBL, Faust, Fairway, Bic Silver Beauty, Pillar Rock, ICY Rock, Seasons and Sound Beauty. The rest are Grenadier, Armour, Palmero, Merrimac, Dagim, Carnation, Rubinstein, Krogers, Tulip, Season and Red Salmon. Any person who finds canned Alaskan salmon answering to the above description on display for sale should also report promptly at the nearest health office. [Text] [Accra GHANAIAN TIMES in English 5 Mar 82 pp 1, 5]

CSO: 5400/5898

BRIEFS

CAMPAIGN AGAINST ONCHOCERCIASIS--The disease of onchocerciasis (so-called river blindness) which has been affecting the Geba and Corubal region for many years could be successfully fought in the not-too-distant future. This was ascertained by our paper during a visit to the eastern part of the country, where an important team from the Public Health Directorate led by Dr Venancio Furtado has been active. Despite a paucity of means, the campaign has already had encouraging results, through spraying trees along the rivers or performing skin biopsies on affected individuals. The investigation campaign and the fight against vector flies opened on 9 February and should end at the beginning of next month. During the time our reporter spent in the region, 700 cases of onchocerciasis were found, most of them in the Cabuca community, where 200 persons, out of a total of 270 inhabitants, are affected. [Excerpt] [Bissau NO PINTCHA in Portuguese 20 Feb 82 p 8]

CSO: 5400/5905

BRIEFS

GASTROENTERITIS IN AURANGABAD--Aurangabad, March 1 (UNI)--Two people died of gastro-enteritis at Pataoda village in Jalna district yesterday, according to the area's medical officer. As many as 27 villagers were also suffering from the disease, which had probably been brought on by the consumption of water from the river-bed due to the acute drinking water shortage, he said. [Bombay THE TIMES OF INDIA in English 2 Mar 82 p 5]

CSO: 5400/7050

BRIEFS

CHOLERA NEAR WEST JAKARTA--Jakarta, 8 Mar (AFP)--A total of 30 people have died of cholera in the district of Serang, some 130 km (about 81 miles) west of here, it was reported today. The epidemic that broke out 3 weeks ago, quickly spread in the district where most of the people have a strong belief in superstition, Jakarta newspapers said. A health department spokesman today said he was checking on the situation. The Armed Forces Bulletin (PAB), meanwhile, reported that the local people used to gather at midnight for a mass prayer after which they walked around the district calling on God to help drive away the "Satan" that had inflicted the disease. [Text] [Hong Kong AFP in English 0224 GMT 8 Mar 82 BK]

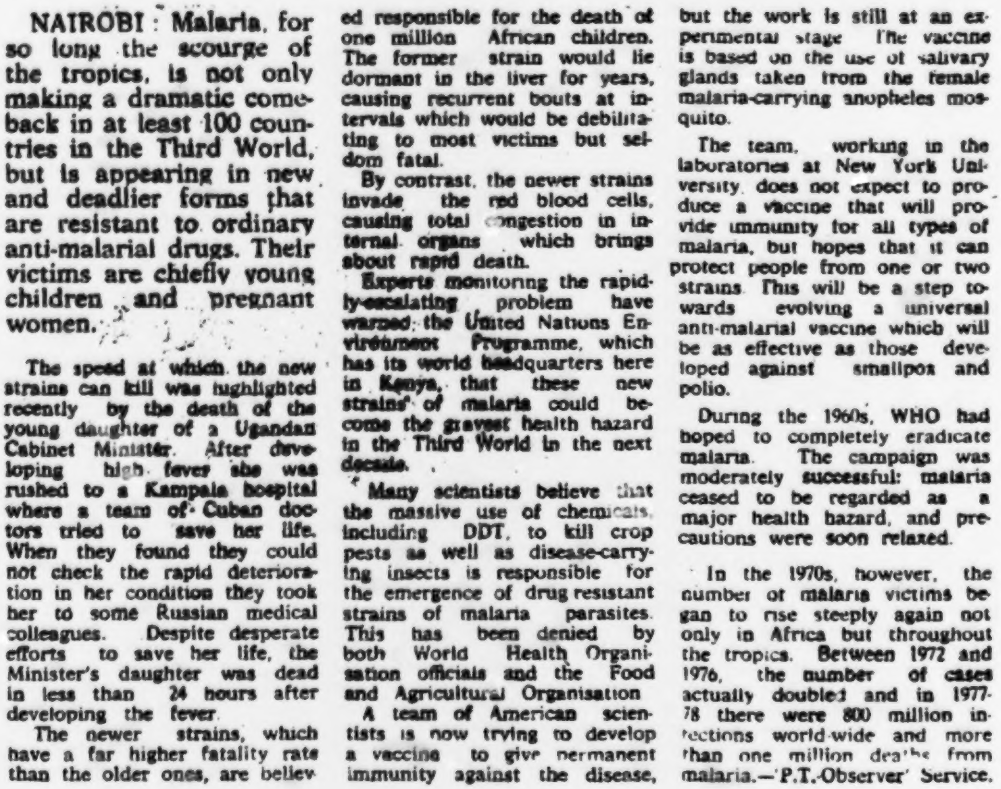
CSO: 5400/5891

NEW MALARIA STRAINS REPORTED TO BE DEADLY

Lahore THE PAKISTAN TIMES in English 6 Mar 82 p 5

[Article by Alastair Matheson]

[Text]



NAIROBI: Malaria, for so long the scourge of the tropics, is not only making a dramatic comeback in at least 100 countries in the Third World, but is appearing in new and deadlier forms that are resistant to ordinary anti-malarial drugs. Their victims are chiefly young children and pregnant women.

The speed at which the new strains can kill was highlighted recently by the death of the young daughter of a Ugandan Cabinet Minister. After developing high fever she was rushed to a Kampala hospital where a team of Cuban doctors tried to save her life. When they found they could not check the rapid deterioration in her condition they took her to some Russian medical colleagues. Despite desperate efforts to save her life, the Minister's daughter was dead in less than 24 hours after developing the fever.

The newer strains, which have a far higher fatality rate than the older ones, are believed responsible for the death of one million African children. The former strain would lie dormant in the liver for years, causing recurrent bouts at intervals which would be debilitating to most victims but seldom fatal.

By contrast, the newer strains invade the red blood cells, causing total congestion in internal organs which brings about rapid death.

Experts monitoring the rapidly-escalating problem have warned the United Nations Environment Programme, which has its world headquarters here in Kenya, that these new strains of malaria could become the gravest health hazard in the Third World in the next decade.

Many scientists believe that the massive use of chemicals, including DDT, to kill crop pests as well as disease-carrying insects is responsible for the emergence of drug resistant strains of malaria parasites. This has been denied by both World Health Organisation officials and the Food and Agricultural Organisation.

A team of American scientists is now trying to develop a vaccine to give permanent immunity against the disease, but the work is still at an experimental stage. The vaccine is based on the use of salivary glands taken from the female malaria-carrying anopheles mosquito.

The team, working in the laboratories at New York University, does not expect to produce a vaccine that will provide immunity for all types of malaria, but hopes that it can protect people from one or two strains. This will be a step towards evolving a universal anti-malarial vaccine which will be as effective as those developed against smallpox and polio.

During the 1960s, WHO had hoped to completely eradicate malaria. The campaign was moderately successful: malaria ceased to be regarded as a major health hazard, and precautions were soon relaxed.

In the 1970s, however, the number of malaria victims began to rise steeply again not only in Africa but throughout the tropics. Between 1972 and 1976, the number of cases actually doubled and in 1977-78 there were 800 million infections world-wide and more than one million deaths from malaria.—'P.T.-Observer' Service.

CSO: 5400/5893

BRIEFS

RABIES REPORTED--An outbreak of rabies has been reported in Kibwezi Division, Machakos District, Dr A.M. Munuve of the communicable diseases division in the Ministry of Health confirmed this when he called on Kibwezi D.O. Ashton Akwambi and said some cases had been fatal. Mr Akwambi warned wananchi to beware of stray dogs, adding that dog bites had increased in the division lately. He called on chiefs and their assistants to stress in at barazas the need to take people bitten by dogs to hospital immediately. The DO said the disease was also harboured by jackals and other game. [Text] [Nairobi DAILY NATION in English 18 Feb 82 p 5]

CSO: 5400/5887

BRIEFS

MALARIA ALERT--The Ministry of Health has issued a malaria alert. The number of reported cases increased from 38 in January to 75 by mid-February. [Excerpt] [Port Louis ADVANCE in French 20 Feb 82 p 1]

CSO: 5400/5888

BRIEFS

TUBERCULOSIS VACCINATION IN JALAPA--Jalapa, Ver., 19 February--The headquarters of the Coordinated Services of the Public Health Department of the state announced that next 8 to 12 March the second anti-tuberculosis campaign will be implemented for about 650,000 children ranging from 1 to 4 years in age. [By Pompeyo Lobato Ortiz, correspondent] [Text] [Mexico City EXCELSIOR in Spanish 20 Feb 82 p 30-A] 8255

TLAXCALA ANTI-TYPHOID MEASURES--Tlaxcala, Tlax. (OEM)--During the first half of this coming April, the headquarters of the Coordinated Services of the Public Health Department will undertake a campaign to protect the people against typhoid. In this connection, it was announced that administration of the vaccine will be completely free of charge; and that it is very important for all persons to receive it, since it provides effective protection against typhoid fever. [Text] [Mexico City EXCELSIOR in Spanish 4 Mar 82 p F-3] 8255

ANTI-POLIO VACCINATION CAMPAIGN--San Luis Potosi, SLP (EOM)--The second stage of intensive anti-polio vaccination will begin on 8 March and end on 12 March, according to an announcement by the Delegation of the Secretary of Health and Assistance. It said that the vaccination will be for children up to 4 years of age. All necessary preparations are being made to enable the children of the state to receive this second booster shot to protect them against paralysis. [Text] [Mexico City EL SOL DE MEXICO in Spanish 4 Mar 82 p F-3] 8255

CSO: 5400/2106

BRIEFS

INFANT MORTALITY DOWN--Infant mortality in the pediatrics ward in the Maputo Central Hospital dropped from 1,431 in 1980 to 842 in 1981, a 3.1-percent decline. Moreover, the number of children admitted to pediatrics has decreased notably because of several vaccination drives against the principal fatal diseases in our country. The Maputo Central Hospital director of pediatrics, Mario Gliz, gave this information to our reporters. The chief fatal children's diseases in pediatrics are measles, diarrhea, tuberculosis, tetanus, food poisoning, malaria, pulmonary diseases and others. According to the director of pediatrics, these diseases attack the majority of children because the mothers do not worry about taking them immediately to the hospital. They just use traditional remedies and the hospital is the last resort when the diseases are already in an advanced stage. "Last year, because of several campaigns the Ministry of Health organized for the vaccination of children, the mortality rate dropped considerably. Added to this," said Dr Mario Gliz, "is the fact that many mothers have become aware of the necessity of taking their children to the hospital where they see firsthand the treatment given their children." [Excerpts] [Maputo NOTICIAS in Portuguese 20 Feb 82 p 10] 8870

MAPUTO MEASLES STATISTICS--Several days ago, Dr Oscar Monteiro, director of the Prophilaxis and Medical Examination Center, reported that the present number of cases of measles recorded weekly in the capital is 60 to 70. According to the same source, the outbreak has been going on since 1981 and so far has not been suppressed, although it is tending to decline. The outbreak's eradication necessarily stems from the increase in vaccination. Dr Oscar Monteiro therefore stressed the need to follow the respective vaccination schedule. [Text] [Beira DIARIO DE MOZAMBIQUE in Portuguese 6 Feb 82 p 14] 8870

CSO: 5400/5843

OPTIMISM ABOUT ERADICATION OF TUBERCULOSIS

Karachi DAWN in English 14 Mar 82 p 8

[Text] The Provincial Health, Minister, Syed Ahad Yusuf, on Saturday observed that with the massive efforts of the Government, increased assistance of W.H.O. and dedicated services of specialists, the day is not far off when the tuberculosis would also be eradicated like smallpox.

He was inaugurating a three-day W.H.O. tuberculosis Control Re-Orientation course and seminar for Baluchistan and Sind held at the Nazimabad T. B. Centre.

He informed the delegates that the Government of Sind has assigned second priority after education to the health programme in its current A.D.P.

Two major T.B. institutes, one in Karachi and other at Kotri, were functioning with a network of T.B. clinic all over the province, he said.

About modernising T. B. clinic, the Minister said that the Government had recently provided a mass miniature radiography plant at a cost of Rs. eight lakh to the Ojha Institute Karachi where about 300 patients visit daily for treatment.

He said that the provincial Government was examining the need to establish an institute for imparting training in latest method to the pora . medical staff to make them effective in various field.

Earlier Dr. Shafi Mohammad Qureshi, Director Ojha Institute of chest Diseases, Karachi, in his welcome address said that the 350-bed Karachi sanitorium with all the modern facilities to treat tuberculosis patients was working effectively.

The W.H.O. representative Dr Johan Kaleta gave a brief resume of the organisation's activity in T.B. control all over the world with increased emphasis on developing countries, including Pakistan.

He laid great emphasis on the need to re-orienting clinical approach to modern method and advanced knowledge in the field.

Speaking on the occasion, Dr. Mohammad Iqbal T.B. Specialist from Baluchistan gave brief account of the integrated programme in Baluchistan where he said 65 treatment clinics had been established throughout the province.

About 50 doctors and members of para-medical staff both from Sind and Baluchistan are participating in the seminar.

Renowned specialists will read papers on various aspects of chest diseases, during the seminar.—APP

CSO: 5400/5893

TRUST TO BUILD 550-BED HOSPITAL

Karachi MORNING NEWS in English 11 Mar 82 p 4

[Text] Lahore, March 10: Chaudhri Rehmat Ali Trust, a charitable institution headed by Mr. Justice Mohammad Siddique, a Judge of the Federal Shariat Court will construct a modern hospital, an industrial complex, a social welfare complex and a high school over an area of 255 kanals in township area.

The project will cost Rs. 25 to 40 crore and will be completed in phases.

The first phase will be started by the end of the current calendar year and will be completed in five years' time, this was stated by Dr. S. M. K. Wasti, General Secretary of the Trust, at a Press conference here today. Some other members of the Board of Trustees were also present on the occasion.

Giving details of the proposed hospital, Dr. Wasti said the hospital would consist of 550 beds, including an emergency ward and an intensive care unit.

The hospital will also have an elaborate section for the handicapped, the blind, deaf, and mentally deficient along with the social and preventive section for health education, he said.

He added that a paramedical school would also be attached with this hospital.

He said that technicians would be imparted training in various specialities, like biochemistry, radiograph and physiotherapy.

An industrial section will also be constructed. This section will generate funds for the hospital, Dr. Wasti said.--PPI

CSO: 5400/5893

ARTICLE CRITICIZES POOR CARE, HIGH CHARGES

Lahore THE PAKISTAN TIMES in English 6 Mar 82 p 3

[Article by Javed Nazir]

[Text] **With the city's main hospitals on the verge of a virtual collapse, the responsibility of medical care has now partly become the business of private medical clinics. Until recently these clinics were miniscule but at the present over a dozen are already flourishing in addition to some in the take-off stage.**

Some of these clinics, it would be seen, are operating rather like money-generating leviathans. Indeed, they offer an impressive array of facilities and perks that can stand comparison with those offered by five-star hotels. But what are the standards of medical treatment so bandied about? Are these commensurate with the exorbitant charges demanded with the usual extortionist instinct? Do these clinics measure upto the basic philosophy underiving the establishment of hospitals? Why are these clinics becoming such thumping successes? Who are the people behind these clinics? Has the availability of cheap and effective medical care become a thing of the past? What repercussions would these clinics have for our lumberous and inefficient hospitals? How come these clinics already have a sizable clout and last but not the least what does an ordinary physician with his usually modest street clinic think of them? These are but a few searing questions that demand analysis before we eventually decide to pull the warps over a clutch of private medical clinics in the city and elsewhere.

Part of our analysis will also spotlight such clinics which essentially cater for middle and lower middle class but now feel elbowed out of the race by the coming up of a few modern, sophisticated and the so-called elite medical centres with mouth-watering outfits. The people manning small-sized clinics feel exceedingly embittered by what they term as false elitism: everybody seems to want an elite doctor and naturally an elite hospital. But the quality of the medical care and facilities such as the exact number of doctors, specialists and para-medical staff actually available at a medical centre is the true yardstick of quality, they say. Simply adding big names from the medical world for attracting gullible individuals with bulging pockets is not enough.

But why are people turning over to such frightfully expensive clinics? A young doctor working in a medium-sized clinic has the answer for us: "Most of us have lost confidence in Mayo Hospital Ganga Ram Hospital and the similar ones for reasons now known to everyone. Even senior professors teaching at the King Edward Medical College and elsewhere seek medical care for themselves and their families in private clinics." As far as the general people are concerned the doctor said: "They first go to private clinics and find the charges too shocking and then move on to Mayo Hospital only to be frustrated with the labyrinth of procedures and the eventual fallacy of the cheap treatment. They return to the sharks in the private clinics."

Now here is a surprising fact which baffles even the least inquisitive amongst us: most of the patients admitted to Government hospitals are advised by the specialists there to move to some private clinic in the city. Why? The answer to this question is not hard to seek. The learned specialist works part-time in that particular clinic and it is part of his occupational chores to wean away patients from Government hospitals. In fact they make no bones about it and a few days back one specialist had the cheek to recommend a patient on the back of a Mayo Hospital receipt. What treason! — one might think. But this practice is now well-entrenched with the select band of specialists waltzing back and forth from one hospital to another and amassing quite a fortune for themselves in the process

And now to these model clinics themselves. Perhaps with the questionable exception of one or two it would be appropriate to refer them as mere landlords of rented rooms. The charges per room range from Rs. 100 to Rs 500 and upwards in some cases. The facilities are gorgeous; hot and cold water, wall-to-wall carpets, T.V., air-conditioners and refrigerators and beautiful beds with exquisite imported blankets. The conditions in the general wards are no different as far as high rates are concerned. Most of these modern private hospitals have a group of specialists with their forbidding fees. For instance some of these specialists charge Rs. 7,000 to Rs. 15,000 per operation Besides, patients have to pay fees every time the doctors visit them.

Overbilling is rampant and more often than not charges are arbitrary and all entreaties to reduce them are brushed aside with polite firmness There are separate nightmarish charges for anaesthesia, food, nursing, bandages and of course medicines. Patients can buy medicines from the clinics and some time one finds the prices quite balooned with the actual price-tag either blurred or deliberately cut out. And then there are strings of lab tests for which the patients is indeed callously charged. In short, when a patient makes his exit he is handed over an incredible bill.

The modern clinics, however, do have some positive sides These are conspicuously clean and quiet. The doctors nurses and other staff are polite and punctual. Besides doctors are extra-careful because lapses in a private clinic could prove fatal and tarnish its image for a long time to come.

Certain Government and big semi Governmental organisations serve as important props for these clinics It has been observed that fabulous dividends are made once a clinic starts providing medical cover to the employees of a big organisations.

The medical cover provided by certain leading banks to its employees has been fully exploited by some clinics. Just one model clinic is reported to have made as much as Rs. 20 lakh in the form of medical facilities to the National Bank and the UBL.

The Fatima Memorial Hospital in Shadman is perhaps one of the best organised private clinics and is fast emerging as an elite centre for paediatrics and OBN gynaecology. Set up in 1977 this private 250-bed hospital now has come a long way. There are about 45 rooms and the charges per room varies from Rs. 80 to Rs. 450. About 15 doctors—mostly specialists—man this hospital and get their patients admitted here. Since this is a trust hospital its management claims to provide free treatment to some percentage of poor patients. The low-income patients who get free medical treatment are admitted to the wards only. Otherwise charges for a bed in the wards are Rs. 10. Some patients interviewed by the Pakistan Times said they were generally satisfied with the quality of treatment and other services. Like other model clinics in the city, Fatima Memorial Hospital is quite expensive too. Patients in private rooms did not complain of high charges. In fact, there is a long queue of patients for the rooms and one official of the hospital said there is great demand for their luxurious rooms. People reserve these rooms—price Rs. 450 per day—well in advance.

This hospital is now being further expanded and a second operation theatre is coming up before long. The expansion has been necessitated by some overcrowding here.

About the popularity of a modern clinic one doctor said: "A few years back people were wary of going to clinics and sought all care at the big hospitals. but now the trend has been reversed thanks to better conditions outside.

CSO: 5400/5893

BRIEFS

MENTAL HEALTH PLAN--Lahore, Feb 23: Dr. Basharat Jazbi, Adviser to President on Health, on Sunday disclosed that the government was preparing a comprehensive plan for mental health, in collaboration with the World Health Organisation. An expert of the WHO will make an extensive tour of the country in the near future and submit his recommendations to the government in this connection. Dr. Jazbi was speaking at the special evening at the Fountain House here. He said the evil of mental disease should be nipped in the bud and that the volunteer and welfare agencies should supplement the efforts being made by the government to eliminate mental illness. He was of the view that special arrangements should be made for the diagnosis of mental illness in the children, adding that the children of primary schools should be check up to ascertain their mental balance. [as published] The President's Adviser stressed the need for opening of more Fountain Houses in important cities of the country, since the one in operation at present was rendering useful services for the rehabilitation of the mentally retarded people.--PPI. [Text] [Karachi DAWN in English 24 Feb 82 p 12]

SYMPOSIUM ON DIABETES--The first international symposium on diabetes will be held in Karachi on April 22-23 which is likely to be attended by a large number of eminent diabetologists from abroad, according to Pakistan Medical Gazette. The symposium will be organised under the joint auspices of the departments of Medicine and Biochemistry, Jinnah Post-graduate Medical Centre, Karachi in collaboration with World Health Organisation and the Diabetic Association of Pakistan. Scientists, clinicians, teachers and social workers from all over the country will participate in the symposium. The programme includes guest lectures, original presentation on the basic and clinical aspects of diabetes with particular emphasis on the education of patients and the lay public. Those interested have been advised to contact Dr M Sultan Farooqi, Secretary, Organising Committee, indicating their areas of interest. The abstract of the papers are to reach him by March 20.--APP. [Text] [Karachi BUSINESS RECORDER in English 11 Mar 82 p 3]

SKIN DISEASES ON INCREASE--Karachi, March 4: The Federal Health Minister, Dr. Nasiruddin Jogezai, has said that due to rapid industrialisation, large-scale use of chemicals in industry and increasing use of perfumes and cosmetics, the incidence of skin diseases was increasing day by day. In a message on the occasion of the first National Conference on Skin Diseases which opened here this morning, the Health Minister observed that in

Pakistan, lack of knowledge of hygienic way of living among our people has further complicated the matter and worsened the situation. Although skin diseases rarely cause mortality, they were by no means rare in Pakistan, Dr. Jogezai said. He expressed the hope that the conference will focus its attention on these problems and will evolve a strategy both for the prevention and cure of skin diseases. In another message the Provincial Health Minister, Syed Ahad Yousuf said that in spite of high prevalance of skin diseases proper attention was not being paid to this. He said the Pakistan Association of Dermatologists deserve credit for organising a national conference. He hoped that the deliberations of the conference will have far-reaching consequences in the right direction. Messages were also sent by the Federal Health Secretary, Mr. A. Sami Qureshi and Lt.-Gen. (retd) W. A. Burki, President, College of Physicians and Surgeons.--APP. [Text] Lahore THE PAKISTAN TIMES in English 5 Mar 82 p 5]

DISPENSARIES TO BE SUBSIDIZED--Faisalabad, March 3: The Punjab Administrator of Zakat Council and Secretary Social Welfare, Khan Iqbal Ahmed Khan, said that Government will subsidise the free dispensaries in the Province which extend medical facilities to poor people. Inaugurating a medical ward of Mian Mohammad Trust Hospital yesterday, he said that the assistance to such hospitals and dispensaries would range from Rs.15,000 to Rs. 1 lakh a year. He also assured this amount would be released from the Zakat Fund of the Province and added that these institutions would also be assisted from Social Welfare Funds if so required. Earlier Chairman of the Trust Mian Fazal Ahmed briefly drew attention of people on other social projects of the Trust. He said last year about 70,000 people were extended treatment in this hospital and the number was on the increase every year, he added. [Text] [Lahore THE PAKISTAN TIMES in English 4 Mar 82 p 6]

FREE ASTHMA TREATMENT--Pakistan Homoeopathic Medical Council has made arrangements for free consultation of patients suffering from Asthma and Allied Chest Diseases, at 3004 Al-Falah Road, Hanif Manzil Waali Gali Bihar Colony Lyari on every Saturday between 6.00 p.m. to 9.00 p.m. Dr. G. A. Munshi, Principal, Sir Syed Homoeopathic Medical College and Hospital Karachi will attend. [Text] [Karachi MORNING NEWS in English 12 Mar 82 p 8]

CSO: 5300/5684

GASTRO INTESTINAL DISEASE CLAIMS 22 LIVES

Manila PHILIPPINES DAILY EXPRESS in English 14 Mar 82 pp 1, 6

[Text] **HINOBA-AN,** Negros Occidental – An outbreak of gastro intestinal diseases was reported to have already claimed the lives of 22 persons in this southernmost Negros town since the gold rush started in earnest here late December last year.

Doctors at the Insular Lumber Co. (Phils.) clinic located some 12 kms. from the panning area in Sitio Sangke, this town, said that 20 of those who were brought there for treatment died of gastro enteritis, according to Ildie B Caballero, an employe of the lumber company.

For an extensive report, in words and pictures of the gold rush, see today's *Weekend* magazine.

Caballero said the two other gastro deaths were reported by the Hinoba-an municipal health officer.

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ACCORDING to Caballero, landslides, cave-ins and stabbings arising out of disputes over mining claims, have also claimed the lives of 36 others, bringing the total death count to 60.

The latest fatalities were two panners, Victorio Galicio, 17, of Villa Hermosa, Negros Occidental and a certain Arturo of Ormoc City, both of whom died in a landslide last Feb. 28 in their mining claim about seven kms. north of Sangke.

Despite the alarming frequency of accidents in the mining area and the danger posed by diseases, fortune hunters continue to flock to Hinoba-an.

Even an attempt by municipal officials to innoculate the people searching for gold in the river at Sangke was foiled by the panners themselves who claimed that the injections would incapacitate them for a day. They said that a day's work could easily net them P300, if they were lucky.

Told to dig latrines for their use, one miner answered: "We don't have enough time to dig for gold, why waste time digging toilets!"

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IN THE absence of toilets or even crude waste disposal systems in the mining area, panners are forced to use the river instead. The smell of human excreta pervades the whole area, the stink even reaching as far as the ridgeline about two hours' hike away.

With gold being sold for P85 per gram, as of mid-February, in Hinoba-an, hordes of prospectors braving falls from the roofs of overcrowded buses could not be stopped from coming. This was fueled even more by reports of new gold strikes in the Hasaan River, Barangay Asia, Sipalay, Negros Occidental and along the Bungat River about 2-1/2 kms. from the highway leading to the Oriental side of Negros where it was reported that more than 1,000 people are currently panning.

CSO: 5400/4929

EFFORTS TO CONTAIN BUBONIC PLAGUE REPORTED

Johannesburg THE CITIZEN in English 15 Mar 82 p 13

[Text] Health authorities are doing everything in their power to contain bubonic plague, the disease which ravaged Europe in the Middle Ages.

It has appeared in South Africa for the first time in two decades, claiming one life and putting another 16 Blacks in hospital in the Eastern Cape.

Last week, a 32-year-old Black man died at Coega Mission Station about 32 km from Port Elizabeth. He was apparently suffering from bubonic plague.

Dr J Bock, superintendent at Empilweni Hospital at New Brighton, said yesterday that he had nine patients with confirmed plague and seven suspects.

Of the confirmed cases, three, all adults had been confirmed clinically. The condition of one of these patients was fair, the other two, good.

Treatment

All suspects and sufferers came from the Coega Mission Station. They were of both sexes and ranged in age from a year-old baby to adults. The disease responded well to modern-day treatment and the virus strain was not as severe as the European variety.

The plague, said Dr Bock, had been carried into the mission by gerbils carrying infected fleas. It was transmitted by a bite from an infected insect and reaction from a sufferer would be fairly swift.

After an incubation period of from two to five days, the patient would develop a severe fever and glands in groin or armpit would swell.

Quarantine

In the meantime, the mission station and its 80 inhabitants have been placed under strict quarantine for seven to 10 days, according to Dr Koos Meyer, head of the health services in the Dias Divisional Council.

He said the authorities were doing everything in their power to contain the disease.

Some 15 houses had been treated for fleas. Pets in the area were also being treated and the surrounding veld was being cleared of rodents.

CSO: 5400/5890

CONTAMINATION OF OYSTERS, MUSSELS FEARED

Johannesburg THE CITIZEN in English 13 Mar 82 p 11

[Text] Cape Town.--The Department of Health yesterday warned that oysters and mussels collected from the Natal coast are very dangerous because of cholera contamination, and appealed to licence holders and public not to gather them.

The director general of health, Dr Johan de Beer, said the possibility existed that mussels and oysters collected from the Natal coast might be sold inland.

He made an urgent appeal to all distributors, hoteliers and restaurateurs not to make supplies from this source available to the public.

If the appeal and warning were not heeded, the department would, unfortunately, be compelled to resort to stronger measures, Dr De Beer said.

"Sample tests taken at different places along the Natal coast have now shown that this form of sea life is contaminated with cholera organisms.

"In view of the fact that oysters and mussels can be consumed raw, they must therefore at present be regarded as very dangerous."

Crayfish, fish and other forms of marine life caught deep-sea were not regarded as dangerous.

However, crayfish, crab, shrimps, prawns and other crustacea collected close to shore had to be well rinsed in clean running water and be well cooked before being eaten.--Sapa.

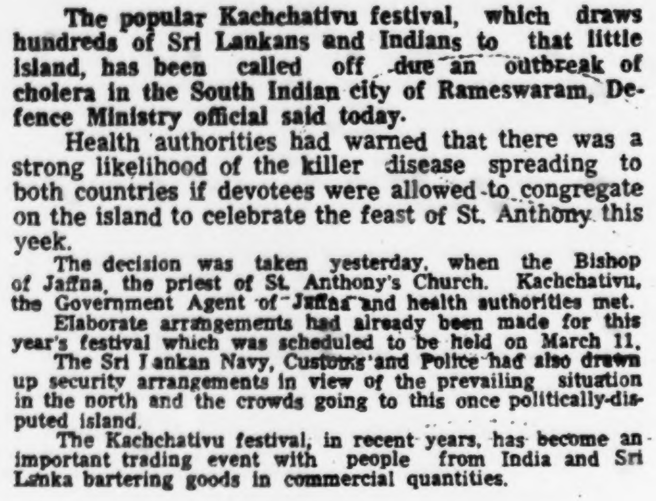
CSO: 5400/5890

CHOLERA OUTBREAK CLOSES KACH FESTIVAL

Colombo SUN in English 9 Mar 82 p 1

[Article by Trevine Rodrigo]

[Text]



The popular Kachchativu festival, which draws hundreds of Sri Lankans and Indians to that little island, has been called off due an outbreak of cholera in the South Indian city of Rameswaram, Defence Ministry official said today.

Health authorities had warned that there was a strong likelihood of the killer disease spreading to both countries if devotees were allowed to congregate on the island to celebrate the feast of St. Anthony this yeek.

The decision was taken yesterday, when the Bishop of Jaffna, the priest of St. Anthony's Church. Kachchativu, the Government Agent of Jaffna and health authorities met.

Elaborate arrangements had already been made for this year's festival which was scheduled to be held on March 11.

The Sri Lankan Navy, Customs and Police had also drawn up security arrangements in view of the prevailing situation in the north and the crowds going to this once politically-disputed island.

The Kachchativu festival, in recent years, has become an important trading event with people from India and Sri Lanka bartering goods in commercial quantities.

CSO: 5400/4929

ANTI-MALARIA PROGRAM OUTLINED

Mbabane THE TIMES OF SWAZILAND in English 3 Mar 82 p 3

[Article by Mashumi Twala]

[Text] THE introduction of mor infrastructure in the rura areas will help to overcome many problems, in particular the malaria fever menace.

This was stated by the Health Inspector of the Malaria Unit, Mr. P.M. Mathews in a lecture on "The control of Malaria" to members of the Society of Science and Technology recently.

He said: "The provision of the basic unfrastructure: roads, proper water supplies and others will help to reduce the density of the malaria vector."

He said this meant there would have to be a general clear spacing of housing and kraals.

He added that since agriculture required a lot of water and irrigation canals, there was no reason why this should promote the spread of the disease if the water is thoroughly managed and controlled.

Without quoting statistics, Mr. Mathews pointed out that malaria was an endemic disease in the southern part of the country.

He said that the most common of the species, called anopheles gambiae, was most active and feeds on both human and animal blood. "The traditional pattern of a cattle kraal situated just less than 100 yards from the home is also one of the factors that contribute to the spread, of the disease, he said.

Mr. Mathews outlined the history of malaria, programme.

He said in medical terms, the malaria year begins in July until June, the following year. "This is when there is much transmission of the germs and biting activity is is intense," Mr. Mathews said.

According to Mr. Mathews, with pressure being applied more and more by insecticides over the years, another equally deadly specimen of the anopheles, has gradually been wiped out.

Mr. Mathews said it was during the period immediately after the World War 2 that families were being exterminated by the carrier which was at the time tough to control, until a German medical officer, Dr. Otto Mastbaun, who was well known in Swaziland, introduced the widely used insecticide known as DDT, discovered during the war era.

This cure, which has since been banned for agricultural purposes, was found to be most effective in its residue, which can stick for six months.

The eradication programme, said Mr. Mathews, is mostly directed to places where not less than 10 cases have been reported. It comprises basically of the spraying method, in which health assistants go around with pumps and spray the most vital parts of a homestead.

Said Mr. Mathews: "As far as malaria is concerned, a density of more than 1 mosquito per house is considered dangerous as the carrier is attracted to human odour and the colour of the skin.

CSO: 5400/5883

BRIEFS

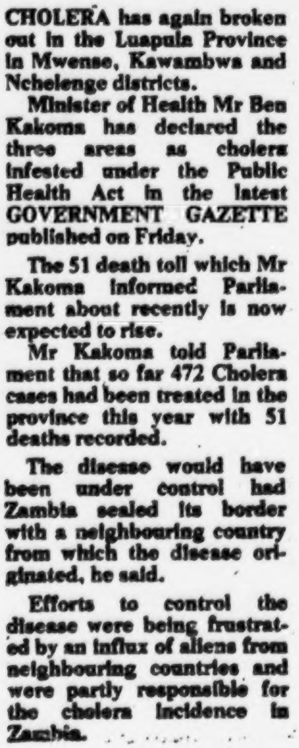
TABORA RABIES OUTBREAK--Tabora Regional health officials have requested the Ministry of Health to send supplies of anti-rabies medication to fight the outbreak of rabies in Tabora. The Tabora Rural District Health Officer, Ndugu O.M. Soli told Shihata that some 32 people were attacked by the disease and were awaiting treatment. Since then another 17 people in Italikwa village and 15 in Uyui division near Tabora have been struck and have also not been treated. [Text] [Dar es Salaam DAILY NEWS in English 4 Mar 82 p 3]

CSO: 5400/5901

NEW LUAPULA CHOLERA OUTBREAK

Lusaka SUNDAY TIMES in English 14 Mar 82 p 1

[Text]



CHOLERA has again broken out in the Luapula Province in Mwense, Kawambwa and Nchelenge districts.

Minister of Health Mr Ben Kakoma has declared the three areas as cholera infested under the Public Health Act in the latest GOVERNMENT GAZETTE published on Friday.

The 51 death toll which Mr Kakoma informed Parliament about recently is now expected to rise.

Mr Kakoma told Parliament that so far 472 Cholera cases had been treated in the province this year with 51 deaths recorded.

The disease would have been under control had Zambia sealed its border with a neighbouring country from which the disease originated, he said.

Efforts to control the disease were being frustrated by an influx of aliens from neighbouring countries and were partly responsible for the cholera incidence in Zambia.

CSO: 5400/5899

BRIEFS

PLANT POISONING OF SHEEP--Merredin--More than 80 sheep in the Merredin district have died in the past week, possibly from plant poisoning. The deaths were on four different properties and are thought to have been caused by oxalate poisoning. However, the plant or plants responsible have not been isolated. The veterinarian at the Merredin office of the Department of Agriculture, Dr R. Jacobs, has warned farmers to check sheep regularly, particularly those grazing on stubble. He said that three plants were being considered as the cause of the deaths--saltbush, blue bush and rolly polly. Samples of the plants had been sent to Perth for testing. This type of poisoning was unusual and he expected that the summer rains had had some effect on its incidence in the Merredin area. [Perth THE WEST AUSTRALIAN in English 23 Jan 82 p 21]

CSO: 5400/7532

BRIEFS

FOOT-AND-MOUTH DISEASE DETECTED--The Peasant and Agricultural Affairs Ministry has mobilized all its technical organizations in Chuquisaca to combat a foot and mouth disease outbreak which up to now has affected 80 percent of the livestock in the region. Reports state that the campaign is being carried out jointly with other Chuquisaca regional organizations. [La Paz Radio Illimani Network in Spanish 1100 GMT 9 Mar 82]

CSO: 5400/2100

BRIEFS

RINDERPEST OUTBREAK--In view of the outbreak of Rinderpest epidemic in the Gazipur dairy colony in the trans Jamuna area, the east district deputy police commissioner has restricted the movement of cattle in the area without a proper certificate from an authorised government veterinary surgeon. [New Delhi PATRIOT in English 4 Mar 82 p 12]

CSO: 5400/7051

BRIEFS

FOOT-AND-MOUTH CAMPAIGN--A compulsory campaign against the foot and mouth disease is scheduled to start on March 3 and end on March 22, in Muhoroni Division, Kisumu District, according to a circular of the veterinary officer, Dr. N. M. Wanyama. The exercise will be conducted by two vaccination teams and Dr. Wanyama has appealed to all chiefs, their assistants and co-operative societies to ensure that vaccination crushes were in good order before inoculation date. He said that a farmer will pay two shillings per animal and called on chiefs to give the vaccination campaign maximum publicity. Meanwhile, in South Nyanza District, the pest control team has swung into action to combat the army worm outbreak, according to the regional crop rotation officer, Mr. J. K. Njeru. [Text] [Nairobi DAILY NATION in English 23 Feb 82 p 12]

HYDATID DISEASE--About 800,000/- is lost every year by the Athi River abattoir due to the hydatid disease, an animal disease that kills. But the Health Ministry is trying with the help of the African Medical Research Foundation, to eradicate the hydatid menace, Dr. Marcus French, a medical scientist associated with AMREF said. Dr. French is head of the Hydatid Unit in Lodwar, Turkana, whose major aim is to try to eradicate the disease in the area. Addressing students at St. Joseph's school, Kitale, he warned that affected dogs suffering from hydatid were dangerous and that the suspected ones should be killed.--KNA [Text] [Nairobi DAILY NATION in English 23 Feb 82 p 10]

CSO: 5400/5892

BRIEFS

RINDERPEST REPORTED IN DUBAYY--The secretariat general of municipalities yesterday issued a circular to all municipalities prohibiting movement of any animal, especially cows and buffalos, from an emirate to another. This followed the report of the Dubai municipality about discovery of many cases of cattle plague in Al Hamria area in Dubai. The circular stressed the need for immediately reporting of such cases to the veterinary authorities so that appropriate measures can be taken to control the spread of the disease. It also prohibited import of cows and buffaloes until further notice and said that any cattle arriving during the period will be quarantined at least for 15 days. The secretariat-general advised all the municipalities not to issue any certificate for export or import of animals. The Dubai municipality meanwhile announced that its veterinary section in cooperation with the ministry of agriculture and fisheries was carrying out a vaccination compaign for cows and buffaloes. The announcement called on all citizens to cooperate and report any case of disease or deaths. It also said that the municipality had taken steps to suspend the import and export of animals. [Dubayy KHALEEJ TIMES in English 25 Feb 82 p 1]

CSO: 5400/4716

BRIEFS

CAO BANG HOG EPIDEMIC--Even though the hog herds of Cao Bang Province were afflicted by a protracted epidemic for two consecutive years and suffered fairly heavy losses the herds nonetheless grew each year registering an increase of 7 percent in 1981 over the previous years. [Text] [Hanoi NHAN DAN in Vietnamese 20 Feb 82 p 3]

CSO: 5400/5900

FOOT-AND-MOUTH DISEASE AFFECTING PARTS OF SOUTHERN PROVINCE

Lusaka DAILY MAIL in English 12 Mar 82 p 5

[Excerpt]

VILLAGERS in Monze will not accept cattle for dowry because of the outbreak of the foot and mouth disease that has hit several parts of Southern Province.

According to Banakaila ward chairman, Mr Ephraim Mweemba, a meeting, which was held at chief Choongo's palace resolved that people at Nteme, Banakaila, Luyaba and Choongo should refuse to accept cattle as lobola from other areas.

Mr Mweemba said villagers in the area were concerned at the high rate their animals were dying because of unrestricted movements of cattle from villages which had virtually become disaster areas.

Although it was Tonga tradition to slaughter cattle during funerals, the ward chairman said that animals from other chiefs areas would not be welcome until the situation has improved.

He said although not all chiefs' areas were affected, the measure was aimed at protecting Chief Choongo's area from corridor and other cattle disease which were rife in the district.

Chief Choongo has also instructed his subjects not to graze their animals in the Kafue Valley because of the frequent outbreak of diseases.

The government has already received a consignment of foot and mouth disease vaccine ordered from Botswana and Kenya at a cost of K150.000.

CSO: 5400/5899

BRIEFS

REPORTED RABIES OUTBREAK--Meanwhile, a rabies outbreak has been reported in the Lusaka district. [Text] [Lusaka SUNDAY TIMES in English 14 Mar 82 p 1]

CSO: 5400/5899

BRIEFS

WORM INVASION FIGHT--A team of pest control experts has been despatched from Nairobi to fight an army worm outbreak in Lambwe Valley in the Kanyada and Central Karachuonyo locations of South Nyanza District. The new District Commissioner, Mr Amos Bore, at a press statement appealed to farmers in affected locations not to panic over the outbreak as the government was doing everything possible to protect their crops. He appealed to farmers neighbouring affected areas to report to their chiefs and their assistants whenever they detected the worms to enable the team fight them effectively before they spread throughout in the district. [Text] [Nairobi DAILY NATION in English 17 Feb 82 p 4]

ARMY WORMS INVADE FARMS--Ndanai, Kipkelat and Sigor locations in Sot Division, Kericho District have been invaded by army worms, assistant agricultural off officer in charge of the division Lukas Mureithi has reported. Mr Mureithi said so far the army worms have destroyed 14 acres of maize and pasture. He advised farmers to report to his office for necessary action--KNA [Text] [Nairobi DAILY NATION in English 22 Feb 82 p 9]

WORMS ON THE ATTACK--Armyworms have invaded Kopanga Market in Macalder Division, South Nyanza District, on the Kenya/Tanzania border. Addressing a huge baraza at the weekend in Kopanga Market area Chief Charles Onyango said the Government is taking stringent measures to curb a possible epidemic of pest threatening the area. He urged farmers not to relax their efforts in improving food production in the area and report cases of stock theft and strange pests, so the Government could take appropriate action. He also urged them to plant more trees.--KNA [Text] [Nairobi DAILY NATION in English 2 Mar 82 p 12]

CSO: 5400/5892

BRIEFS

TABASCO SIGATOKA UNDER CONTROL--Tabasco, 4 Feb--The chief of the agricultural program of SARH [Secretariat of Agriculture and Water Resources], Ismael Castro Gallardo, asserted today that the "black sigatoka" epidemic is under control and denied that a quarantine was declared in the region. The official admitted, however, that the fungus attacked 9,000 hectares of banana trees principally in the Teapa and Tacatalpa areas. "It is being fought with chemicals; at no time have shipments been suspended, because the epidemic is not extensive, rather there exist only isolated cases which are easily controlled." Meanwhile, the leader of the State Federation of Small Landowners, Estéban Elias Echen, lamented the precarious situation in which the producers of the fruit find themselves, as 30 years ago, Tabasco was still the biggest national producer and also used to export large quantities. The severe reduction in production is a consequence of the lack of commerical channels not offered by the government.[by Juan Ochoa Vidal] [Text] [Mexico City EXCELSIOR in Spanish 5 Feb 82 p 7-D] 9678

LATE BLIGHT AFFECTING TOMATOES--A blight, known as Late Blight, is affecting 50 hectares of tomatoes in the municipalities of Emiliano Zapata, Huimanguillo, and Cunduacan, according to Mardonio Velazquez Ortegon, chief of the Plant Health Program of the SARH [Secretariat of Agriculture and Water Resources]. He remarked that if the blight is not checked in the next few days, the 1,500 tons of tomatoes to be harvested in that region could become infested. This would result in a loss of 400 million pesos. He explained that the Late Blight disease develops in damp climates and is characterized by spots that appear on the fruit, and that the fruit will rot completely if not attended to. The official said that fungicides are now being applied to most of the land that is ready for sowing. [By Jose Frias Cerino] [Text] [Mexico City EXCELSIOR in Spanish 2 Mar 82 p 34-A] 8255

ANTI-DENGUE MEASURES--Jalapa, Ver., 2 March--Doctor Felipe Resendiz Davila, an officer of the health department of Mexico, said that, in order to prevent the dengue mosquito (the Aedes Aegypti mosquito) from entering the country, the Secretary of Health has set up a sanitary cordon on all docks in the Gulf of Mexico. [By Jose Juis Hernandex Sosa, correspondent] [Text] [Mexico City EXCELSIOR in Spanish 3 Mar 82 p 36-A] 8255

CSO: 5400/2105

SPODOPTERA INVASION THREATENS CORN HARVEST

Worm Invasion

Beira DIARIO DE MOZAMBIQUE in Portuguese 14 Jan 82 p 1

[Text] About 970 hectares of corn belonging to the Manica Agricultural Company is threatened by spodoptera activity.

In a 1,000-hectare area, only 30 could be sprayed with pesticide, as the TTA [Air Transport and Utility], requested to spray the entire area, discontinued the work ahead of time because during the operation enemy attacks were verified in the Chicadora region where the production unit in question is located.

As Almeida Correia, the Manica Agricultural Company agronomist, told DIARIO DE MOZAMBIQUE, "the undeveloped corn will be entirely destroyed in many areas and the full-grown corn will be infested," thereby seriously endangering production which earlier showed good prospects.

The spodoptera, which reaches a length of 2.0-3.5 centimeters, is also threatening the domestic sector and is now worrying provincial party and state organizations. They therefore consider TTA assistance imperative and urgent, for the infestation demands proper treatment by aerial spraying over a large surface.

Successful Combat

Beira DIARIO DE MOZAMBIQUE in Portuguese 6 Feb 82 p 1

[Text] The spodoptera which DIARIO DE MOZAMBIQUE reported recently destroyed more than 500 hectares of cultivated land in Manica, especially corn and tobacco, has now been effectively fought throughout the province's agricultural area.

The participation of brigades specialized in aerial and manual spraying contributed to this achievement, an activity which extended as far as state, cooperative and domestic sectors.

At present, in all areas affected, alternatives are being sought to stem the disaster caused by the spodoptera invasion.

8870
CSO: 5400/5843

BRIEFS

COFFEE RUST DETECTED--(Hermogenes Rodriguez), the delegate of the National Union of Farmers and Cattlemen to the State Council, has revealed that the coffee rust disease has been detected in Jalapa, Jinotega, and in the zone of San Juan Del Rio Coco, Madriz Department. (Rodriguez) complained that the National Coffee Rust Commission has not yet drafted an effective plan to prevent the coffee rust disease. [PA190304 Managua Domestic Service in Spanish 1800 GMT 18 Mar 82 PA]

CSO: 5400/2111

BRIEFS

BEN TRE PEST CONTROL--Since early January, nearly 10,000 hectares of winter-spring rice in a number of districts in Ben Tre Province have been seriously damaged by harmful insects and diseases. In Giong Trom and Cho Lach Districts, severe losses have been caused by rice blast. The provincial agricultural and water conservancy services have sent specialized cadres to the grassroots units to help combat insects and drought. Cho Lach District has managed to save nearly 90 percent of its rice crop. Ban Tre city has saved 53 hectares from drought. [Hanoi Domestic Service in Vietnamese 1430 GMT 26 Feb 82 BK]

RICE INSECT INFESTATION, DISEASE--Rice blast has infested 20-30 percent of the rice crop in Nghe Tinh, Thai Binh and Binh Tri Thien Province. Brown planthoppers and rice leaf beetles have also appeared in many areas with a density of 5-50 insects per square meter. In the days to come these insect infestations and diseases can cause widespread and heavy damage to rice which stools rapidly. The Ministry of Agriculture reminds the provinces and municipalities of the north to reguarly inspect the fields and take timely measures to prevent and eradicate insects and diseases in order to protect the rice. [Text] [Hanoi NHAN DAN in Vietnamese 25 Feb 82 p 4]

CSO: 5400/5904

BRIEFS

ARMY-WORM SPREADS--Recent army-worm outbreaks have been reported in Victoria and Matabeleland South provinces, the head of the entomology section of the Research and Specialist Department, Dr Shadrack Mlambo, said yesterday. He said reports from Sengwe said up to 300 ha were affected and something like 600 sq m were affected in Gwanda. Local staff had been told to get in touch with Agritex spray teams to attend to the outbreak. Vulnerable at this stage would be young late plantings. "It would appear that perhaps the south-western areas can still expect some minor outbreaks," said Dr Mlambo. "The warm and moist weather conditions are still fairly suitable for breeding." [Text] [Salisbury THE HERALD in English 10 Mar 82 p 1]

CSO: 5400/5902 END

JPRS 80586

16 April 1982

Worldwide Report

EPIDEMIOLOGY

No. 274

FBIS FOREIGN BROADCAST INFORMATION SERVICE

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16 April 1982

WORLDWIDE REPORT

EPIDEMIOLOGY

No. 274

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DANISH AUTHORITIES BELIEVE FOOT-AND-MOUTH DISEASE FROM GDR

Copenhagen BERLINGSKE TIDENDE in Danish 24 Mar 82 Sec II p 1

[Article by Ib Christensen]

> [Text] Veterinary emergency staffs of veterinarians, laboratory workers and ministerial officials have become involved in the combating of the hoof-and-mouth disease.

In the middle of the night, veterinarians and laboratory workers in small motor-boats cross the Stege Bay from the island of Lindholm, carrying specimens from Funen for hoof-and-mouth analysis tests.

District veterinarians spend their nights with cows in cowbarns at Funen farms.

And dead tired ministerial officials return exhausted home for bed via quiet Copenhagen streets in the early morning hours after a hectic day and a long night of incessant telephone calls, emergency meetings, etc.

The job is hard on all members of the veterinary emergency staff, right from the youngest laboratory worker to the minister of agriculture, who these days have become mobilized for round the clock work.

The object of the emergency staff is to seek to isolate the microscopic but much feared hoof-and-mouth disease virus which is now threatening to inflict losses of billions of kroner in the export markets on Danish agriculture.

Veritable Detective Work

Enormous efforts have been started, involving district veterinarians and veterinary inspectors, who travel all over Funen, reporting anything suspicious to the experts of the Veterinary Department and the Ministry of Agriculture in Copenhagen. Here, a veritable detective work is carried out to track down the source of the infection, and here decisions are made on slaughter, increased precautionary measures, reporting abroad, and many other tasks.

The authorities have requested farmers in Funen to keep an eye on their stocks night and day and to call one of the three district veterinarians immediately if they have the slightest suspicion of attacks of hoof-and-mouth disease among their animals. The veterinarians will then arrive as quickly as at all possible to examine the animals prior to reporting to the Veterinary Department in Frederiks Street in Copenhagen.

Here, the officials of the Ministry of Agriculture are keeping the permanent staff of the Veterinary Department unbelievably busy. About 1 dozen experts have moved temporarily in with the veterinarians in order together with them to evaluate the situation. At the same time, specimens are ordered sent from the animals--typically small sections of bladder tissue are sent express to Kalvehave port in South Zealand to be taken by boat to the State Veterinary Institute for Virus Research on the Lindholm island, 4 kilometers off the shore in Stege Bay.

Via Motor Boat to the Institute

Last Tuesday night, the driver of the institute thus collected a small specimen from Funen. Shortly before midnight, four veterinarians and laboratory workers stood ready at Kalvehave port to take the specimens to the Lindholm island by motor boat. Three hours later it was ascertained that the specimens contained the hoof-and-mouth disease virus, and after a call to the directorate, the team was able to return home, tired. At the institute, which has 142 employees, all other tasks have been put aside, and some kind of constant emergency service has been arranged, involving 24 hour service, so that the analyses may be carried through in a few hours and, at the latest, within 24 hours.

The institute on Lindholm produces vaccines against diseases such as the hoof-and-mouth disease but also diagnoses and carries out research on infectious virus diseases among domestic animals. Apart from the institute, which was established in 1925, the small island has only 14 families. Those employed at the institute all live at Stege or in South Zealand.

Veterinarians Constantly Traveling Between Copenhagen and Funen

The Veterinary Department has temporarily moved several district veterinarians to Funen to assist the district veterinarian for the county of Funen, K. Thurop. The general veterinary practioners have been prohibited access to the stocks in order to prevent the disease from spreading. Veterinary inspectors travel daily between Funen and Copenhagen to collect fresh input for the heads of the departments, for example, in the 4th office of the Ministry of Agriculture, which safeguards the veterinary legislation.

From this department, reports are sent to the Ministry of Foreign Affairs, and from there the telephone wires to foreign countries are humming with constant reports. At the moment, they have 30-40 inquiries from our trade partners. The office also reports to slaughterhouses, dairies, and the press on its team work with the Veterinary Department.

Under Control

A result of the new outbreak of the hoof-and-mouth disease in Funen is that the authorities have now expanded their observation zone in which particularly stringent precautionary measures apply. A stock close to the one at Oure in Funen which first showed signs of the disease is now under observation. The stocks at Oure which comprised both cows and pigs, were immediately killed.

The Veterinary Department was yesterday of the opinion that the virus has got into Denmark from the GDR where several cases of the disease have been ascertained. Also cattle stocks in Poland have been attacked, but the Ministry of Agriculture does not believe that the situation, despite the new outbreaks, has changed alarmingly.

Henrik Curtz, principal, tells BERLINGSKE TIDENDE: "At all of the farms where the disease has been ascertained, a carrier of the virus linking the stock to the original stock has been ascertained. The disease has thus been put under control. The situation only becomes suspicious when outbreaks occur which cannot be traced to the initial outbreak."

7262
CSO: 5400/2118

TSETSE FLY INFESTATION, INCIDENCE OF DISEASE REPORTED

Luanda JORNAL DE ANGOLA in Portuguese 14 Mar 82 p 12

[Article by Manuel Correia]

> [Excerpts] Serious cases of trypanosomiasis (sleeping sickness) have appeared in Angola, according to a statement made recently by Health Minister Mendes de Carvalho in an interview he had with ANGOP [ANGOLAN NEWS AGENCY].

To obtain more details on this subject, we contacted Dr Antonio Pitra of the National Directorate for the Control of Endemic Diseases and Dr Rosario Pinto of the National Department for the Control of Trypanosomiasis.

Speaking of ways to combat sleeping sickness prevalent in the provinces of Uige, Zaire, Cuanza-Norte and Bengo, Dr Pitra said that, once the disease is detected, steps are immediately taken to administer specific drugs to any patients involved and spray forest areas--normally those adjacent to rivers and lakes--with insecticides to keep the disease from gradually spreading to neighboring areas. The doctor also said that these measures leave much to be desired but that, for the moment, the country has nothing better to offer.

Also referring to this matter, Dr Rosario Pinto said that the seven mobile teams assigned to combat this type of disease are not functioning properly due to equipment and personnel difficulties, constant breakdowns in the vehicles further aggravated by lack of maintenance, and other obstacles. However, in 1979 these seven teams managed to examine a total of 120,144 individuals, that is, about 11 percent of the more than 1,080,000 inhabitants who make up the combined population of the provinces of Uige, Zaire and Luanda, with endemic foci on the increase.

Variations in Outbreak of New Cases of Trypanosomiasis From 1975 to 1981

In any case, sleeping sickness, which was almost under control in Angola until 1974, gradually increased in the number of foci beginning in 1975 due to the untimely return of Angolan refugees who had been in the Republic of Zaire since 1961. Thus, from 1973 to 1981 there were variations in the number of new cases of sleeping sickness in the provinces afflicted by the disease. For example, in 1973, 4 new cases were diagnosed; in 1974, 3; in 1975, 126; in 1976, 83; in 1977, 118; in 1978, 337; in 1979, 170; in 1980, 306; and in 1981, 145; or a total of 1,292 new cases. Nevertheless, as Dr Rosario Pinto pointed out, these figures do not give the true picture due to the limited possibility of carrying out the campaign plans caused by a shortage of human and material resources.

Animal Trypanosomiasis Threatens Cattle-Raising Development

Dr Antonio Pitra, in turn, also spoke of the existence of animal trypanosomiasis, whose transmitting agent is also the tsetse fly which generally attacks large animals, such as oxen, horses, etc., and afflicts them with the disease. Animals afflicted with this disease must be immediately slaughtered as they are not suitable for human consumption.

However, the spread and development of these insects are not only harmful to the cattle-raising sector but also to the development of the agricultural sector in areas of their predominance (forest areas along the rivers and lakes)--areas more suitable for agriculture from which the farmers cannot move--due to the danger those insects represent; and this is a serious obstacle impeding the progress of our economy.

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CSO: 5400/5907

BRIEFS

PREVALANCE OF CHOLERA—Cholera gastroenteritis and dysentery have taken a toll of 1,192 lives in the country during the last four months. This was stated by Health Minister Khandokar Abdul Hamid while replying to a calling notice of Shajahan Siraj (JSD) in the Jatiya Sangsad yesterday. In his notice Mr. Siraj claimed hundreds of people died of cholera during the last four months and regretted the government was shy in admitting the fact. Quoting a sample survey report the Health Minister said only six persons died of cholera, one each in Bhola and Patuakhali and four in Tangail. Three hundred and fiftyone persons died out of 33,387 attacked by gastroenteritis and 835 died out of 1,38,053 attacked by dysentery, indigestion and worms. He gave details of the measures taken by the government to combat the diseases. [Text] [Dacca THE NEW NATION in English 2 Mar 82 p 1]

CSO: 5400/7052

AUTHORITIES CONCERNED OVER VARIOUS EPIDEMICS

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 7 Mar 82 p 31

[Text] Brasilia--In the first 2 months of this year alone the Brazilian population experienced--at various points in the country--epidemics of the most diverse diseases ranging from conjunctivitis (which is caused basically by pollution and is completely curable) to sylvan yellow fever, which is fatal in more than 90 percent of all cases. Although the latter disease is under control--according to public health authorities--prospects are not encouraging: the experts believe, for example, that there could be a repetition at the present time of the major epidemic of sylvan yellow fever which 15 years ago spread virtually throughout Brazil from the Amazon region to Rio Grande do Sul.

In the view of Minister of Health Waldyr Arcoverde there are six confirmed cases of sylvan yellow fever which are already "cause for extreme concern" and deserve to be combated with intensified vaccination programs and epidemiological surveillance, which is now being carried out by the Superintendency for Public Health Campaigns (SUCAM). Meanwhile, to prevent a greater tragedy, that is to say, an epidemic of urban yellow fever (which spreads more rapidly) the Ministry of Health would need to intensify the action taken to combat the mosquito Aedes Aegypti--the carrier of the disease--but this is not possible in view of the insufficiency of financial resources.

"In the field of public health, unfortunately, we are able to sensitize the economic authorities only when there are major epidemics, genuine tragedies," said a high-ranking official of the public health sector, who pointed out that the requests for additional allocations of funds are being put aside for action at an indefinite future date by the Planning Secretariat of the Presidency. To combat the Aedes, for example, SUCAM requested 600 million cruzeiros 10 months ago but to date has received no response. The same procedure was adopted in the case of the request made by the state secretaries of health to Minister-Chief of the Planning Secretariat Delfim Netto, namely, that 5 percent of the nation's total tax revenues be allocated to the public health sector to strengthen the programs now being developed.

The major epidemics--the "explosive epidemics"--are a constant source of concern to the experts of the Ministry of Health. In addition to sylvan yellow fever and conjunctivitis, Brazil has experienced, in recent months, malaria; typhoid fever; leptospirosis, transmitted by rat urine; whooping cough; measles; diphtheria; infectious diarrhea; and (earlier) poliomyelitis, which reached serious proportions when from late 1979 to early 1980 it resulted in almost 3,000 cases. Last year in Manaus there was also an epidemic of leishmaniosis which occurred as a consequence of the deforestation of an area for construction of a subdivision; more than 200 cases were recorded. There was also an epidemic of bubonic plague, likewise in the northern part of the country.

As for the sylvan yellow fever, SUCAM superintendent Jose Fiusa de Lima points out that the current epidemic in Mato Grosso do Sul is the third one in the past 10 years. In 1972 and 1980 there were two epidemics of the disease in Goias, with more than 20 cases in each instance. "So long as there is a virgin forest together with a monkey population--all the primates, but especially the red, yellow and black howlers, or "howling monkeys"--that is a reservoir host for the mosquito haemagogus, this disease will be a threat," Fiusa said, adding that it is therefore essential "to intensify the campaign against the disease among all the residents, and future residents, of these regions."

It is not just yellow fever that is a cause for concern to SUCAM: last year there were a number of epidemic outbreaks of malaria throughout the Amazon region, where 95 percent of all cases of the disease occur. The various agricultural and livestock programs, the diamond and gold mining operations, and the settlement projects are responsible for these outbreaks, which have occurred despite SUCAM's efforts in the area. The only preventive measure against malaria is to spray the houses with poison and thereby eliminate the anopheles mosquito, but SUCAM must contend--throughout the Amazon region, and especially in those areas where the aforementioned projects are in progress--with shacks and shanties that make such spraying impossible.

Polio, the Only One

At the present time the public health authorities of the Ministry of Health can state with certainty that one disease is not epidemic--poliomyelitis--but that is the only one about which they can make this statement. With a 90-percent vaccination coverage of children up to 5 years of age, the cycle of transmission of the disease was interrupted, thereby preventing the occurrence of new outbreaks. Meanwhile, in order for this situation to continue, "it is vital that the mass vaccination campaigns be repeated during the coming years," according to Waldyr Arcoverde himself.

As for measles, it will still take some time before the figure for polio is equaled. In 1980--a "highly epidemic" year for polio in which, according to the system of epidemiologic information, there were 100,000 cases including 3,000 deaths--the vaccination coverage was only 55 percent except in the case of a few states such as Sao Paulo and Rio Grande do Sul, where the vaccination routine at the health stations has been efficient. According to the national secretary for basic health action, today's numbers show that the vaccination coverage was increased to 72 percent while the minimum figure necessary is 85 percent.

Last year a total of 40,000 cases of whooping cough were recorded in the entire nation by the still somewhat tentative Epidemiologic Information Service, in addition to 5,000 cases of diphtheria. Preventive measures against these diseases by means of the triple vaccine (diphtheria, tetanus and whooping cough) have also not attained satisfactory levels, and new outbreaks could occur this year. The same situation exists with respect to infectious diarrhea, for which there is no preventive program other than precautions as regards food and water. These efforts at prevention, however, are somewhat utopian in a nation where most children who suffer from diarrhea have contracted it precisely as a consequence of malnutrition.

There have also been new epidemics of influenza this year. This disease is regarded by the experts as one of the most dangerous of all, because in order to combat it by means of immunization the responsible virus must first be known--something that is possible only after the disease is already spreading.

10992
CSO: 5400/2108

FIGUEIREDO ADVISED ON STATUS OF YELLOW FEVER EPIDEMIC

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 10 Mar 82 p 14

[Text] Local bureaus and correspondent--Minister of Health Waldyr Arcoverde yesterday submitted to President Figueiredo a new report on the sylvan yellow fever epidemic in southern Mato Grosso, where there are seven confirmed cases and nine cases under study. He also reported the appearance of another suspected case of the disease in Mato Grosso.

Arcoverde also informed the president that the vaccinations against poliomyelitis on a nationwide scale are already scheduled for 12 June and 21 August; that the rabies immunization will take place in July; and that the triple immunization and measles immunization campaigns--which have already been carried out in some regions--will not be concluded in the southeastern region until October.

The minister will travel to Rio Branco tomorrow and will hold meetings with local authorities. On the way back he will visit Cuiaba and Campo Grande to check on the measures taken by SUCAM to combat yellow fever.

The demand for yellow fever vaccinations has been increasing in Cuiaba since the outbreak of the disease in Campo Grande and since it was rumored (and subsequently denied by SUCAM) that yellow fever was also present in the Mato Grosso capital. According to these unofficial reports five deaths have already occurred in Cuiaba from yellow fever. Local residents complained yesterday about the lack of vaccine at the public health stations in the city and criticized the absence of any effort to provide them with better information concerning the disease.

Conjunctivitis

The Secretariat of Health of Pernambuco is conducting a survey in Greater Recife to ascertain the origin of the outbreak of conjunctivitis that began in January and became intensified following Carnival. The purpose of the survey is to discover whether the disease is caused by a virus, as has been the case in the other localities of the world where it has been detected.

As of yesterday the Office for the Coordination of Epidemiology had already collected 43 samples of eye secretion, throat secretion and blood which are being sent to the Evandro Chagas Institute of Virology in Belem. The doctors of the secretariat believe that the cause is probably a virus, and for this reason the physician Jose Falcao warned yesterday that the use of antibiotics should be avoided in treating the disease because they are ineffective for the purpose. He recommended that persons suffering from the disease should consult an ophthalmologist "as soon as the first indications appear."

Typhoid Fever

The Regional Health Office of Coastal Sao Paulo is attempting to identify the focus of the typhoid fever that has stricken 8-year-old Carlos Roberto Barros of the Gonzaga section of Santos, who was hospitalized with the disease on 27 February and was discharged on 5 March. The investigations are being conducted by the Martins Fontes Health Center in Santos, and it is believed that the focus of the contagion is a small farm near Itanhaem where the boy was a guest for 2 days in February.

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CSO: 5400/2108

REPORTAGE ON HEPATITIS, ENCEPHALITIS OUTBREAKS

Hepatitis Outbreaks

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 4 Mar 82 p 14

[Text] **The number of cases of hepatitis recorded in Cravinhos, in the Ribeirao Preto region, has already risen to 101 during** the past 3 months. One or two new cases per day are currently being reported--a situation which has led the physicians of the local Health Center to assert that the "outbreak is stabilizing," in view of the fact that these cases are 1 month old and are manifesting themselves clinically at the present time at the end of the incubation period of the disease.

Inasmuch as most of the cases involve children of preschool age--approximately 85 percent of all cases, a figure that has remained constant--the educational authorities have decided not to postpone the opening of classes in the state schools. The Health Center is continuing its precautionary public health measures (inspection of certain areas, orientation of the public with respect to basic personal hygiene), because the doctors acknowledge the possibility that the disease could still be contracted by an additional 100 persons--approximately--by direct contagion. The town of Cravinhos has a population of 17,000 and is situated 20 kilometers from Ribeirao Preto.

In Pirassununga

A similar problem is also developing in Pirassununga, in the Campinas region, where 70 cases of hepatitis have been reported during the past 4 months, affecting mainly children in the rural areas of the municipality. The number of cases was a cause of concern to the local public health officials, who took steps to clean up the water storage facilities at the schools, according to a statement made yesterday by Mayor Rubens Santos Costa. The doctors ascribe the outbreak to the summer season and to the recent flooding of the lagoons along the banks of the Mogi-Guacu River and in the vicinity of the Emas rapids.

Encephalitis, Dysentery

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 4 Mar 82 p 14

[Text] Vale do Ribeira--The doctors suspect that the deaths of two children at Juquia, one at Jacupiranga and another at Registro immediately following Carnival were caused by meningococcic encephalitis. The Department of Health of Vale do Ribeira accordingly received the following instructions yesterday from the state health authorities: Maintain an emergency ambulance in readiness day and night to take to Emilio Ribas Hospital in Sao Paulo all children who are henceforth admitted to the hospitals of the region and evidence the same symptoms as those of the four children who died; that is to say, a clinical picture of gastroenteritis and dehydration.

Shortly after they were admitted, the aforementioned four children evidenced a change in their symptoms, and this led the doctors to suspect that they were suffering from a more serious disease. These suspicions were intensified upon the death of a fifth child on Monday. In this case an autopsy was conducted, and the material collected from the brain of the deceased was sent to Emilio Ribas Hospital. No autopsy had been conducted in the four previous cases, however--a mistake that should not be repeated now that the aforementioned instructions have been issued by the public health authorities.

Dysentery

The cause of the dysentery that affected 90 percent of the urban population of Itariri and Raposo Tavares, on the southern coast of Sao Paulo State, had not been identified yet as of yesterday. After receiving confirmation from SABESP that the water provided for human consumption in the two localities had not changed in content, the director of the Vale do Ribeira Department of Health, Geraldo Henriques Pinto, ordered yesterday that samples of the feces of the local residents be collected for examination by the Adolfo Lutz Institute.

Encephalitis, Hepatitis

Rio de Janeiro O GLOBO in Portuguese 6 Mar 82 p 5

[Text] Eight children have died in the past 10 days in Vale da Ribeira (Sao Paulo), after presenting the same clinical picture: vomiting, diarrhea and high fever. These symptoms are characteristic of dehydration, but the doctors believe they were dealing with encephalitis and have already communicated the facts to the director of the Regional Division of Health (Devale), Geraldo Henrique Pinto.

As of yesterday afternoon no information had been disclosed. Despite the secrecy, however, it is known that Geraldo Pinto has met with the doctors and contacted the state authorities.

Hepatitis

The outbreak of hepatitis in Gravinhos, in the region of Ribeirao Preto, has already begun to decline, although the authorities have not yet been able to identify the focus of the disease, which has already stricken more than 100 persons, the majority of whom are children.

According to the director of the Public Health District of Ribeirao Preto, Joao Germano Neto, approximately 1 month ago an average of 20 cases per week were recorded whereas in the past 7 days there have been only 10 cases--all benign--in children of up to 5 years of age.

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CSO: 5400/2108

RISE IN INCIDENCE OF MALARIA DISCUSSED

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 28 Feb 82 p 23

[Text] Belem--In January of last year, in eight municipalities of Para State (where for several years the state's cases of malaria have been concentrated), 2,904 individual cases were recorded as suffering from the disease. In January of this year, this figure rose to 4,943. Maraba and Tucurui--two of the municipalities recording a high incidence of the disease--recorded 14 percent as many cases as were recorded in the entire year of 1981. In some localities involved in the movements of economic expansion the problem appears to be even more serious, as on the Anapu River and the Trans-Amazon Highway: last year, in these areas, 189 cases were recorded, whereas in January of this year alone the number of cases was 40.

Could these figures reflect the onset of a new malaria epidemic in Para State? The authorities have so far avoided speaking on this subject, on grounds that it is completely covered in the plans made by the Ministry of Health. One circumstance, however, makes the January figures even more disturbing: the fact that January is one of the months in which the incidence of malaria is lowest, reaching its peak usually between April and June--the period intermediate between the end of the violent rains that fall in the region and the beginning of spring. It is during this period that the pools of water are formed which are the principal foci of the insect that transmits the disease.

In 1966 the Amazon region suffered a major outbreak of the disease because of the fact that the Ministry of Health had scaled down the antimalaria program. A similar reduction in the program occurred 9 years later, causing a break in the network of protection. Despite the subsequent efforts to combat the disease, the regions of greatest economic and demographic expansion continue to be foci of resistence to any reduction in the number of cases.

In recent years, as the scope of the activities of SUCAM [Superintendency for Public Health Campaigns] has gradually broadened, the proportion of positive cases has increased, both relatively and in absolute terms. In 1973, for example, out of 168,000 plates of specimens examined 12,000 were positive--6.8 percent of the total. These figures rose in 1978 to 10 percent, with 280,000 plates examined and 28,000 of the total positive. In 1980 the number of positive cases was 37,000 out of 362,000 analyses made (10.3 percent of the total). Last year the figures broke all records: 388,000 plates were analyzed and 58,000 were positive (13.3 percent).

SUCAM has no statistics concerning the deaths caused by malaria in Para, which is one of the states that have the highest incidence of the disease in the nation. Moreover, the experts are wont to say that for every positive case reported there are at least three that will never be included in the statistics, leading to the conclusion that there were at least 150,000 cases of malaria in Para last year. More than 70 percent of this total, it is believed, were concentrated in the eight municipalities that have registered the most growth recently.

Worst of all--according to the public health experts--is the fact that this increase has occurred without any organized effort having been made and often without the most elementary preventive measures having been taken. Only rarely has SUCAM been notified of the penetration of manual laborers into the areas that are to be deforested, and when it has been notified it is usually after the disease has already made its appearance. In the diamond and gold mining areas--where most of the deaths from malaria may well be occurring--health care is made difficult because of the fact that SUCAM has no helicopter at its disposal.

These increasing indices are a source of concern to experts in this field because of the new projects that are being set in motion. The largest of these is the "Carajazao" project for the economic exploitation of the mineral resources of Carajas Province and the agricultural-livestock and agricultural processing industries. The project provides for utilization of up to 1 million persons in the various undertakings authorized, and 90 percent of this personnel would consist of unskilled workers employed in deforestation, road and railroad construction, and so forth: a labor force several times greater than that used in the agricultural-livestock projects promoted by SUDAM [Superintendency for the Development of the Amazon Region], projects that are cited as one of the principal causes of the large number of cases of malaria. Despite the gigantic proportions of the Carajas Project, for example, there has been no study to date of the health conditions in the areas that will be affected.

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CSO: 5400/2108

BRIEFS

LEPTOSPIROSIS UNDER CONTROL--Sao Paulo secretary of health Adib Jatene yesterday informed Minister of Health Waldyr Arcoverde in Brasilia that the outbreak of leptospirosis--which has already resulted in 52 cases including four deaths--is under control. He emphasized that the secretariat is currently attempting to inform the public concerning the precautions that should be taken with water and food in order to prevent new infections. According to Adib Jatene, the control of leptospirosis "is quite difficult, because the disease is contracted by contact with the urine of rats, which are resistant to efforts of the Secretariat of Health to eradicate them." Citing the fact that there is no vaccine against leptospirosis, Jatene was careful to emphasize that the number of cases recorded at the present time is "relatively large, although this frequently occurs in the rainy season." Jatene concluded by saying that the Secretariat of State "is also unable to take measures with respect to floods." Minister Waldyr Arcoverde has already emphasized that he sees no necessity for intervention by the Ministry of Health in the events that have been taking place recently in Sao Paulo (in addition to the leptospirosis outbreak, there are several cases of typhoid fever in Emilio Ribas Hospital). "The Secretariat of State of Sao Paulo," the minister said in conclusion, "is taking the proper action and is adopting the indicated measures." [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 2 Mar 82 p 19] 10992

CSO: 5400/2108

CHAD

INCIDENCE OF CHOLERA DENIED--Chad has been prey to various epidemics during recent months. The Ministry of Public Health which continues to sound the air alarm concerning the dangers which threaten the Chadian populations, has begun some vaccination campaigns. The presence of these varied epidemics in Chad has induced some foreign physicians to talk also about cholera. The Ministry of Public Health has categorically denied this report. In an official communique, the Ministry of Public Health pointed out that "epidemics of measles, whooping cough and cerebro-spinal meningitis have been reported almost everywhere in the country, as well as the recrudescence of some centers of trypanosomiasis, but not cholera." [Text] [Ndjamena INFO TCHAD in French 9 Mar 82 p 3]

CSO: 4719/751

DOCTORS DISCUSS RECENT INCREASE IN INCIDENCE OF TUBERCULOSIS

Quito EL COMERCIO in Spanish 21 Mar 82 p A 1

[Article by Marco Mendoza A.]

[Summary] According to the Public Health Ministry, in 1972 there were 1650 cases of tuberculosis and so far in 1982 there have been over 4000. Pulmonary specialists blame the increase on "malnutrition, poor living conditions, more acute contagion and especially on the migration of campesinos to the large cities." Mario Chancay, president of the Ecuadorean Society of Pulmonary Specialists, said that tuberculosis incidence is high in the 15-35 age group, low up to 45 and high again around 50. It is most severe in Manabi, El Oro, Azuay, Bolivar, Pichincha and Imbabura Provinces. Investigation has shown that many patients are not complying with prescribed treatment. The progression of the disease is notorious. One of the problems is that the Health Ministry has not intensified its vaccination program. According to pulmonary specialist Dr Leopoldo Arcos, incidence dropped after an intense vaccination program in 1951-52. In the past decade it has risen again because of factors cited earlier and because of promiscuity and the lack of adequate hygiene and drainage. Arcos added that the bacillus that causes tuberculosis thrives in conditions brought about by malnutrition, diabetes or cancer. The disease generally attacks the lungs, meninges, bones and joints, and kidneys. Persons with first degree recovery generally retain the bacillus and symptoms can return at any time. When the disease is chronic, the bacillus is expelled from the mouth and contagion results.

Arcos said it was necessary to reinforce the Health Ministry's vaccination plan. People with the disease should be sought out systematically and extensively. They should receive out-patient treatment because it is effective and cheaper than hospitalization. According to Chancay, the government has done little about the problem. Nine years ago the Ecuadorean Antituberculosis League (LEA) was abolished on the recommendation of the World Health Organization, a measure that was counterproductive in the fight against the disease because the state neglected the eradication effort. After the LEA was disbanded, several actions were suggested to combat the disease but none was taken. In rural health establishments there is no tuberculosis diagnostic equipment. Treatment that once took two years can now be completed in nine months. Chancay said that with modern medication, there is not a case that cannot be cured.
CSO: 5400/2120

BRIEFS

TYPHOID OUTBREAK IN LATACUNGA--Latacunga, 16 Mar--A number of schools in this city have suspended classes because of an outbreak of typhoid. At the Vicente Leon Advanced Institute, 21 cases were found and the Victoria Vasconez Cuvi School for Girls reported at least 12 cases. Several elementary schools have also asked the Provincial Education Directorate and the provincial Department of Health to fumigate their facilities in order to control the typhoid before it turns into a real epidemic. [Text] [Quito EL COMERCIO in Spanish 17 Mar 82 p A-11] 11,464

CSO: 5400/2112

SPECIAL REPORT DISCUSSES LATHYRISM

New Delhi INDIA TODAY in English 31 Mar 82 pp 18-19

[Text] TWO events last fortnight focussed attention on lathyrism and bonded labour. On March 6, a team of researchers from the Gandhi Peace Foundation (GPF) released a report on bonded labour and lathyrism in Panasi, Manika and Jhotia, three villages in Madhya Pradesh's Rewa district. The research had been financed by the Harijan and Tribal Welfare Department of the Madhya Pradesh Government, and state Chief Minister Arjun Singh was on hand in Delhi at the release ceremony.

A day earlier, Justice P.N. Bhagwati of the Supreme Court, on the basis of an application sent to him by the GPF's Jyoti Prakash, issued four weeks' notice to Satna and Rewa district authorities asking for surveys of bonded labour and its connections with lathyrism.

Bleak Findings: There was a grim symbolism to the developments: a nationwide survey of bonded labour conducted by the GPF, whose findings were published in May last year, showed that Madhya Pradesh contained as many as 5 lakh of the estimated 26 lakh bonded labourers in the country. Moreover, a National Commission on Agriculture report in 1976 showed that lathyrus cultivation accounted for as much as 44 per cent of the total land under foodgrains.

The latest GPF survey of the three villages in Rewa showed even bleaker findings. Of the 63 afflicted families, at least a third were those of bonded labourers, and 44.4 per cent were 'free' labourers—which proved that Rewa's landlords chose to ignore the Government-prescribed minimum wage of Rs 7 a day, and continued to pay their labourers in kind.

That was not all. The survey showed that 56.6 per cent of the disabled were either Adivasis or Harijans, and only 2.5 per cent of the cultivable land was owned by these communities. Lathyrism never struck the larger landlords, and only two or three of Panasi's victims owned as much as between one and eight acres of land.

Long History: India is one of the two countries in the world that has not banned the cultivation of the poisonous *matara* seed. There was a big outbreak of lathyrism in Ethiopia in 1976, when 1,374 cases were reported after a severe famine. But lathyrism has been endemic in Madhya Pradesh, and contiguous parts of Uttar Pradesh, Bihar, Gujarat, Maharashtra and Andhra Pradesh, for nearly two centuries.

In particular, the Rewa, Satna, Sidhi, Shahdol, Chhatarpur and Tikamgarh districts of Madhya Pradesh have a long history of lathyrism. The first reference to lathyrism in the Rewa region occurs in General W.H. Sleeman's *Rambles And Recollections of an Indian Official* in 1844. An Indian Medical Service officer called A. Buchanan, in two separate reports in 1904 and 1927, gave detailed analyses of lathyrism outbreaks during the great famine years of 1896-1907. In 1922, H.W. Acton estimated 60,000 lathyrism cases in northern Rewa ("a territory half the size of Scotland").

Only once before, in the early 1900s, did a judge called Fuller prosecute a landlord who fed his labourers *matara* under Section 328 of the Indian Penal Code, which prescribes punishment of imprisonment up to 10 years and fine for "whoever administers to or causes to be taken by any person any poison or any stupefying, intoxicating or unwholesome drug..."

Powerful Toxin: Surveys show that even a regular one-third of lathyrus in a diet can lead to the disease. The pea itself is full of contradictions: it has a protein content of between 28 and 30 per cent, higher than any other pulse. But of the 26 varieties of lathyrus growing in India, almost all contain a deadly 2 per cent of a rare amino-acid toxin called Beta-oxalyl-amino-alanine (BOAA). This tiny percentage is sufficient to cause lathyrism.

Scientists at the National Institute of Nutrition (NIN) in Hyderabad succeeded in isolating the lathyrus toxin in crystal form in the mid-'60s. According to scientific and governmental advice, the seeds ought to be soaked in boiling water and then decanted in order to detoxify them before eating. Another method advocated is to parboil the seeds just as in the case of rice, in large quantities.

But all this propaganda has not stemmed the sporadic incidence of lathyrism. Moreover, the bonded labourers work from dawn to dusk in the fields and are only then given their daily wage of seeds. They therefore do not have the time, or the equipment, to attempt to detoxify the seeds at home.

There is controversy about whether soaking or decantation or parboiling actually detoxifies the seed. Experiments conducted privately in Rewa apparently show that consecutive batches of water obtained by boiling the same sample of seeds show increasing toxin levels. On the other hand, the seed is also said to lose its proteins in the water

Spreading Danger: The total lack of research on detoxification is added to by the apathy of scientists. Argues NIN Director P.G. Tulpule: "Since agro-ecological changes are leading to a decline in fresh outbreaks of lathyrism, we are not doing any further research. We do not deny the possibility of isolated cases, but because of various factors further research plans have been shelved."

Taking this logic further, Dr C. Gopalan, director of the Nutrition Foundation of India in Delhi, points out that lathyrus seeds are increasingly being exported to other states to adulterate *besan*. "Thus," says Gopalan, "the poor labourers of Rewa are being saved, but the pulse is now being freely distributed to other states. Since detoxification will mean an increase in cost, I doubt if the traders and rich farmers will even come forward with their stocks for detoxification."

While there has never been a proper nationwide survey of lathyrism, scientists at the NIN claim that there has been no major outbreak of the disease in Madhya Pradesh since the last epidemic in 1974. A NIN survey in 1980 in Rewa, Satna, Durg and Raipur districts reportedly showed that most lathyrism cases consisted of long-term sufferers.

But doctors at the S.S. Medical College in Rewa say that a fresh outbreak occurred after a drought in 1979; moreover, a seminar on lathyrism in Rewa on November 29 last year pointed out that at least 100 cases of paraplegia had been noticed between June 1980 and June 1981, of which 30 were 'sub-acute' or 'onset' lathyrism patients. The doctors concluded that the "incidence of paraplegia due to lathyrism (30 per cent) recorded in (the) present series is the highest among other reported works".

The sale, possession for sale, or use of *lathyrus sativus* as an ingredient in preparing any foodstuff for sale is banned in several states under the Prevention of Food Adulteration Act, 1961. Significantly, there is no such ban in Madhya Pradesh. Nor does the Madhya Pradesh Government propose to ban cultivation of the seed; its facile argument is that lathyrus, if consumed together with other pulses, is not poisonous.

At most, scientists have recommended that the Government impose a levy on lathyrus cultivators, and the Rewa seminar suggested the setting up of a lathyrism commission "which will look lathyrism with its aim to eradicate the disease by 2000 A.D.".

CSO: 5400/5932

SOCIAL CONDITIONS AND ECONOMIC MISERIES OF LATHYRISM VICTIMS REPORTED

New Delhi INDIA TODAY in English 31 Mar 82 pp 17, 19-21

[Text] VISUALLY, the scene was vintage Bergman. A low canopy of sullen clouds scudded over a landscape whipped by icy winds. Despair seemed to be wrung out of every muscle of the ragged bunch of men stumbling down the village's main dirt street. There were 15 of them, all walking with the collapsing gait of acute drunkards. At least four of them were scarcely able to maintain a vertical position; even the two poles they used to drag their shrivelled legs along did not ease their expressions of slow-motion agony.

With one or two exceptions, the men were all bonded labourers, a class that had been abolished on paper by the Government six and a half years back. The village's name was Panasi, but throughout the surrounding district of Rewa in north-eastern Madhya Pradesh, it was known as *langda gaon* (lame village). The shambling men with the useless legs were victims of a terrifying disease called 'lathyrism', a disease that leads to spastic paraplegia, or jerky paralysis, of the lower extremities.

Deadly Wages: Worse still, the disease had not struck the men out of the blue, or through some mysterious virus in the air. Lathyrism is a direct result of man's inhumanity towards his unluckier inferiors, a social inferiority that has been built up over the centuries into an unbearable burden of suffering. Caused by the sustained consumption of a harmless-looking pea named *lathyrus sativus*—called *Kesari daal* or *matara* locally—lathyrism is the physical spin-off of bondage, and there is no cure for it.

For centuries, Rewa district's agricultural labourers have been subjected to the most primitive system of serfdom in India.

In Panasi and the nearby villages, at least one-tenth of the people are bonded labourers. They have never used money as a medium of exchange, and their lives revolve around the deadly lathyrus seeds—for a full day's back-breaking work in their masters' fields, each one of them 'earns' a paltry wage of 1.65 kg of the seeds. The only occasions on which these people see hard cash is when they borrow money from their masters to finance death or marriage ceremonies, or treatment for some illness.

In all everyday transactions, the grain the bondsmen are given at day's end serves as currency, part of it exchanged at the local market for staples like salt and oil, and it forms their total diet. Dried *matara* is powdered and the resulting flour used to make rough *rotis*; the same seeds are boiled, flavoured with salt, and eaten as *daal* along with the *matara rotis*.

Sinister Purpose: When INDIA TODAY visited Panasi on March 5, there was a sense of gloom in the village: hailstorms had struck the area a few days earlier, and Panasi's landlords anticipated a crop failure. "You can imagine what that means," said Prabhakar Singh, one of the village's biggest landowners. "Only the *matara* crop will survive this blight, and so I will have to give my labourers only this seed. And that means a fresh outbreak of the disease."

Another of the visitors that day was Dr Madhav Prasad Dwivedi, who has been studying lathyrism since 1954. Now head of the department of preventive and social medicine at the S.S. Medical College in Rewa, Dwivedi pointed out that outbreaks of lathyrism usually occur after drought or crop failure. It was true that the consumption of lathyrus seeds in Panasi had dropped during the last two years, but this was because other crops like wheat, barley, lentils and Bengal gram had flourished. The blue, red and white flowered *matara* plants could still be seen in Panasi's fields, and it was evident that they flourished even if they were not tended.

There was another reason for the drop in *matara* consumption: Panasi's landlords had discovered that the seed fetched a higher price in the market place. Against Rs 175 per quintal for wheat, the seed was fetching Rs 250 a quintal. And this too had a sinister purpose – unscrupulous traders were buying the seed because they could use its powder to adulterate *besan* (*chana* flour), and *chana* currently sells for Rs 375 a quintal.

Deprivation: As Panasi's lathyrism victims clustered around Dwivedi, discussing the progress of the disease, there was a dull feeling of unmitigated despair in the air. The terrain, as far as the eye could see, was similarly stark. At first sight, it did not appear too barren, but Prabhakar Singh said that due to reasonably good rainfall, farmers in the Baghelkhand region had not developed any irrigation facilities. It is when the rains fail, or when there is adverse cold or hail, that the farmers face disaster. This is why the farmers routinely plant lathyrus as a fall-back crop together with barley, wheat, and Bengal gram. Lathyrus shows a particular affinity for the predominantly sandy-red soil.

There was deprivation in the bonded labourers' living conditions, too. Panasi's landless live in a separate and ramshackle colony at a distance from the quarter of the landlords. Prabhakar Singh claims that he owns only 13.5 acres of land, but he and his four brothers, say other villagers, own a large tract between themselves. Singh alone employs as many as 12 bonded labourers. There is an unfeeling logic to his arguments.

"The labourers depend totally on us," he says. "What more can I do? The *matara* grows wild, by itself, it is almost weed-like. My family has been here for four centuries, and most of the land is still capable of yielding only one crop a year. And the yield is only one measly quintal per acre. We will be only too glad if the Government lifts the labourers out of their misery. I cannot do anything myself. I cannot pay them cash. I look after them like a father. I pay for their medical expenses. I lend them money. And still the Government does not introduce proper irrigation. I have a little bit of irrigation and so I do not give my labourers *matara* as far as possible."

Fatalism: So it is a classic Catch-22 situation: it is up to the outside world to emancipate these slaves, but emancipation cannot come about through mere irrigation, or even land distribution. There is no land left to distribute, complain Panasi's landlords. "Instead," says Singh, "the labourers ought to be drawn into cottage industries so that they earn a little cash. That will automatically lead to a change in diet, and even the farmers will learn that they cannot depend forever on their labourers."

But fatalism has the labourers in its grip. They know that eating the deadly seed leads to lathyrism, but they cannot comprehend its power to destroy their lives, and they cannot stop eating it. The disease has affected generations of labourers—there is the Kole Adivasi Baiju, Panasi's most recent victim, whose father was a victim before him. And there is Ramsaran, a Harijan, another second-generation victim. Every time the bread-earner succumbs to the disease, the only fate in store for the family is starvation—or the bondage of the women and children, and the perpetuation of the cycle.

THE tragedy is compounded by the villagers' superstitions. As the wind rises, and with it the cold, the lathyrism victims huddle together for warmth and mutter that the evil *purvaiya* (wind from the east) carries the disease with it. The fact, however, is that the acid levels in their bodies rise with starvation and not cold, and that the deadly toxin in the *matara* seeds acts more easily on their weakened blood vessels, cutting off nutrition to nerve tissue, leading to spasms in their spinal cords—and paraplegia below their waists.

Lathyrism is doubly cruel because it rarely strikes women. Most of its victims are able men between the ages of 16 and 30. Only two girls in Panasi, below the age of 12, had fallen victim to the disease. In any case, it seemed to strike women either before puberty or after menopause. Moreover, the women usually eat very little, preferring to give most of the available seed to their menfolk—and this in itself is a kindness fraught with cruelty.

And so the future looked as bereft of hope as last year, or the year before that, or the decades before that. The rabi (winter) crop is harvested in March, and if other crops fail this year, Panasi's landless are going to have nothing to eat but the deadly *matara*. Previous surveys have shown a sharp increase in the incidence of lathyrism in the months of Ashadh and Sawan (June and July). This year promises to be no different. One of Panasi's landlords reinforces the overpowering sense of being in a situation with no exit signs at all. "Why talk in noble terms of bonded labour?" he asks with a laugh. "Do you think the Government's own 'food-for-work' programme is anything but bondage by another name?"

Growing Trap: Panasi and its forlorn cluster of maimed men, huddled together near an unseeing clay idol of Hanuman, gives rise to the feeling that nothing, at this rate, can change the social system in Madhya Pradesh. On Holi, March 10, hundreds of villages in the region witnessed an annual ceremony. It was the only day in the entire year when the bonded labourers could opt out of the system by repaying their debts—or renew their contracts, which was what actually happened. No bonded labourer had ever succeeded in freeing himself from the ever-growing trap, and the only way he could deceive himself into a semblance of freedom was to borrow the requisite amount from another landlord, pay off last year's master, and pledge himself to a new one.

The circle is truly vicious, and the symbolism of one village like Panasi out of a thousand is only that—paper reforms, and lame concern, for a problem that does not exist for the people who discuss it. Suddenly, in that tiny pocket of human habitation, the outside world seems to recede into heartless history. Bondage is the poor man's only fate, and lathyrism a poor man's disease.

—CHAITANYA KALBAG

CSO: 5400/5932

BRIEFS

MYSTERY DISEASE STRIKES--Srinagar, March 11 (PTI)--A mysterious disease has so far taken more than 70 lives in Zanskar area of the border region of Ladakh, according to two youth leaders of Zanskar. Mr Tsewant Chosther and Mr Nawang Tashe told newsmen here today that the victims of this disease usually complained of headache followed by severe pain in chest with high fever. There were no medical facilities available in this remote area which remains cut off from rest of the world for about seven months. They said during past two months more than 70 people lost their lives because of this mysterious disease. The only Government dispensary in Zanskar having a population of over 11,000 according to the youth leaders, was at present run by a peon as the concerned doctor was staying at Kargil, about 235 km from Zanskar. There were no medicines available in the dispensary and 11 boxes of medicine sent by Mr Majiv Gandhi, MP, in October last as a "personal gift" to the people of Zanskar lasted for two months only after that, the State authorities did not "bother to stock" some medicine for the winter period, they charged. [Excerpt] [New Delhi PATRIOT in English 12 Mar 82 p 4]

JAUNDICE IN GUJARAT--Ganghinagar, Mar 5 (UNI)--Jaundice has claimed as many as 38 lives in Ahmedabad during the last two months, Gujarat Health Minister Mancharsinhji Jadeja informed the State Legislative Assembly today. [Text] [New Delhi PATRIOT in English 6 Mar 82 p 8]

CSO: 5400/7053

BRIEFS

MEASLES IN E. JERUSALEM, IDF--The measles epidemic that has been going on for months in Judea and Samaria is now affecting East Jerusalem residents and Israel Defence Forces soldiers. A military spokesman said that all isolation wards in military camps are full in spite of a slight drop in the epidemic incidence over the weekend. Soldiers in the 18-21 age group, he said, are especially vulnerable to the disease because compulsory immunization had ceased when they were children. It was reported that a special ward in the military hospital at Tel Hashomer was cleared to accommodate infected soldiers. In East Jerusalem, public-health officials report that mass immunization has been going on since mid-January. Dr Alma Avni, head of public-health services in the Health Ministry said that the previous lack of immunization in East Jerusalem is the cause for much higher measles incidence there than in the rest of the country. Because the epidemic is still raging in East Jerusalem, it was decided, said Avni, to make special efforts to immunize all children up to age three, those most vulnerable to the disease. [Text] [Jerusalem THE JERUSALEM POST in English 15 Mar 82 p 3]

CSO: 5400/4719

BRIEFS

VENUSTIANO CARRANZA RABIES WARNING--Danger of rabies in the Oceania Sports Area in the Venustiano Carranza region has led the capital authorities to warn all persons who visited the region this past weekend to go to the nearest antirabies center as soon as possible. A region spokesman reported yesterday that the previous Friday a yellowish female dog had bitten several children in the area. Other children were also in contact with the dog, which died of rabies this past Monday. The local authorities issued a warning on the incident through Deputy Chief Doctor Raquel Ocharan Sanchez Martha Veronica. A child living in Cuchilla del Tesoro reportedly took two of the rabid dog's puppies to her home. For fear that they too may be affected, they must be kept under observation. [Text] [Mexico City EL SOL DE MEXICO in Spanish 19 Mar 82 p 2-A] 8255

CSO: 5400/2116

BETTER ORGANIZATION NEEDED IN TUBERCULOSIS FIGHT

Maputo NOTICIAS in Portuguese 18 Mar 82 p 3

[Text] "In our strategy to fight tuberculosis we feel that organization is very important," told NOTICIAS yesterday Caseiro Rocha of the National Medical Assistance Board. He explained that in spite of some organizational advances, the persistent difficulties demand greater organizational capability to control registered patients and to follow up them covering the entire required treatment.

He said that the fight against tuberculosis in our country is not different from that suggested by the World Health Organization and by the International Antituberculosis Union. The general lines of this strategy, technically identical throughout the world, establish that with efficient and cheap medications the treatment of tuberculosis must reach the larger portions of the population.

According to Caseiro Rocha, the ultimate and the most important objective can be reached only if the entire population is aware, through education, of the seriousness of the disease and the need to eradicate it.

According to our source, experience in our country shows that of 100 affected persons who register to receive continuous treatment for 1 year, only 50 percent complete the treatment.

This fact, which results from deficient organizational capability in the control of patients, has made difficult the treatment of the disease at the peripheral level. "This is so because from the diagnosis to the treatment any health center has the best conditions for the easiest treatment of tuberculosis," said our source.

Speaking about the fight strategy in the world, Caseiro Rocha said that tuberculosis is a political, medical, economic and social problem.

"It is political, because it depends on the commitment of each government; medical, because the resources of the treatment are the same throughout the world; economic and social, because while in Europe the disease was diminished, in underdeveloped countries the situation continues to be alarming," said the physician.

He added that the fight strategy benefits from the balance of action of these four factors.

According to him, in our country important steps have been taken, among them those which stress the fact that the fight is being supported by laboratories. "Up to the third quarter of this year there will not be a single district in the country without a laboratory," he revealed.

Speaking about the steps already taken, Caseiro Rocha expressed his satisfaction with the mobilization work carried out by local political offices. He said that in the vaccination campaigns, 95 percent of the population was vaccinated. "In addition," he said, "our brigades detected twice as many cases in 1981 as in 1980."

He added that these data are still insignificant, "but we are progressing."

Because of the importance of this matter, we shall discuss it in future editions.

11634
CSO: 5400/5910

BRIEFS

INHAMBANE CHOLERA OUTBREAK--Several weeks ago an outbreak of cholera was detected in Inhambane which especially affected the Inharrime and Marrumbene districts and the area of Chicuque, according to Radio Mocambique. In Morrumbene, the most affected area, 50 cases of cholera have already been registered. At a meeting held last Thursday with several health offices of the province, the director of Prophylaxis and Medical Examination Center of Maputo, Oscar Monteiro, announced the creation of a commission in charge of coordinating actions against the epidemic. Director Oscar Monteiro said that the success of this fight depends fundamentally on intense mobilization of the population to fight cholera. The director of the Prophylaxis and Medical Examination Center is working in various points of Inhambane Province to study the situation of the epidemic. [Text] [Maputo NOTICIAS in Portuguese 8 Mar 82 p 2] 11634

CSO: 5400/5910

PAN-PACIFIC SYMPOSIUM ON LEPROSY HELD IN CHRISTCHURCH

Addressed by Health Minister

Christchurch THE PRESS in English 18 Feb 82 p 4

[Text] Parliamentary reporter

Most of New Zealand's leprosy cases were "imported" from the South Pacific, said the Minister of Health (Mr Malcolm) in Christchurch last evening.

Speaking to the Pan-Pacific Symposium on Leprosy, Mr Malcolm said they occurred mainly among persons who had migrated from the Pacific Islands to New Zealand.

An average of seven cases was added to the national leprosy register each year, the peak occurring in 1976 when 12 cases were notified.

Until 1950, very few cases were reported in New Zealand. In the next decade 14 cases were reported, and from 1960 to 1969, 34 cases.

Most doctors would rarely see a case of leprosy, and the low incidence of the disease made it all the more important that doctors remained alert to a possible diagnosis of leprosy.

Because of its long incubation period, leprosy would not always be detected at an immigrant's medical examination, and symptoms might only become apparent years later.

It was very important for doctors to be able to recognise early symptoms and refer a doubtful case for full investigation. Adequate treatment should continue over a period, and people associating with the patient should be identified and their doctors notified.

The department had set up a "leprosy consultancy and surveillance system" to encourage this. As far as possible it set up itinerant clinics so that patients and contacts did not have to travel far for examination. When patients did not attend clinics intensive searches were made to find them.

Most defaulters were found and returned to surveillance, Mr Malcolm said.

The symposium would increase the awareness of leprosy both in the public and the medical profession, and help dispel any lingering stigma attached to the condition, he said.

Designed as Teaching Seminar

Christchurch THE PRESS in English 18 Feb 82 p 10

[Text] An open day has been scheduled as part of the Pan Pacific Symposium on Leprosy being held in Christchurch this week.

Between 9 a.m. and 1 p.m. on Saturday, in the A1 lecture theatre at the University of Canterbury speakers from the symposium will talk on aspects of treatment and control.

They will also explain the work being done in the Pacific, and two films will be shown, one on the work of Mother Teresa.

The symposium, which will begin at the university on Wednesday, is organised by the Military and Hospitaller Order of St Lazarus of Jerusalem. The Leprosy Trust Board and the Leprosy Mission are also associated with the symposium.

Subjects to be covered will include aspects of leprosy control, as well as clinical, pathological, diagnostic, and therapeutic topics.

The chairman of the organising committee, Dr D. A. Larnder, said it was hoped to remove the stigma and dread associated with leprosy and to show that with early diagnosis and treatment the disease could be controlled and cured.

"Given sufficient financial aid and the necessary numbers of medical and educational workers, this disease, like smallpox, could be eradicated. That is the aim of the World Health Organisation," said Dr Larnder.

About 100 cases of leprosy are registered in New Zealand.

The symposium is designed to be a teaching seminar for doctors, Health Department officials, workers in leprosy control, and interested lay people in New Zealand.

CSO: 5400/9079

BRIEFS

CHOLERA SPREADS--The number of cholera victims rose to 144 yesterday with 10 cases being reported over the weekend. The Health Ministry was yesterday concerned over this increase fearing that the sporadic rainfall that was experienced on Sunday may contribute to the rapid spread of the disease. The first case was reported from Kirindiwella and a second from Nugegoda. Every effort is being made by the authorities to curb the spread of the disease and the public has been warned against drinking unboiled water as well as eating green vegetables that may grow in marshes close to rivers. [Colombo SUN in English 23 Mar 82 p 1]

MOSQUITO ERADICATION IN COLOMBO--The Colombo Municipal Council is to launch a campaign 'Operation Mosquito' for the purpose of eliminating the city's mosquitoes. Mayor Sirisena Cooray told 'SUN' yesterday that the seven-day operation would be a combined efforts of the Municipal health authorities, the Anti-Malaria Campaign, antifilariasis campaign, the Low Lying Areas Development Board and the Ministry of Health. [Colombo SUN in English 23 Mar 82 p 2]

CSO: 5400/5941

BRIEFS

CHOLERA PREVENTION MEASURES, INCIDENCE--All primary schools in the city of Morogoro, along with the shoe factory in Morogoro, were closed as of Monday and other steps were taken to prevent the spread of cholera, which broke out again in this city 2 weeks ago. The steps which were taken initially to prevent the spread of this disease consisted of banning the preparation, sale and drinking of local pombe [intoxicating beverage prepared from millet, bananas, and sugarcane, [and the purchase of] food from stalls and fruits of all kinds sold outside of authorized markets. An investigation carried out by SHIHATA revealed that the closing of the shoe factory resulted from the discovery that the focus of cholera is the Ngerengere River whose water the factory used for various purposes. It is said that this factory will be reopened next week after plans have been made to make possible the obtaining of clean water and also that all workers have been given emergency leave. An education officer in the Morogoro City Council stated that steps have been taken to close all schools because 25 percent of the students are from areas which are confirmed as having cholera patients. Other reliable reports claim that the closing of these schools results from the fact that a considerable number of schools on the Morogoro River do not have toilets and clean surroundings. The work of digging latrines and cleaning the surroundings of these schools which began last week after this disease broke out is expected to be completed next week. A spokesman of the regional hospital told SHIHATA that the status of this disease is still unsatisfactory. A report on this disease stated that as of yesterday there were 11 cholera patients and that of these six were new cases. At this time the quarantine which was established in Igunga District, Tabora Region to prevent the spread of cholera has been lifted and all primary schools have been opened, a spokesman of the regional health office said yesterday. The spokesman went on to say that incidence of this disease has declined considerably. A total of 52 persons have died from the disease since it broke out in Igunga District in December 1981 and 500 patients have received medical treatment. There have been no reports for the last 2 weeks of incidences of the disease in Nzega District where it also broke out. [Text] [Dar es Salaam UHURU in Swahili 18 Mar 82 p 5]

CSO: 5400/5935

VIETNAMESE HEALTH PLAN

Islamabad THE MUSLIM in English 27 Feb 82 p 5

[Article by Alex Marshall]

[Text]

HANOI: We are sitting in a room at the commune health clinic at Phung Cong near Hanoi, talking to the staff. The talk is about birth rates, family planning, data collection. The conversation hums along, English, Vietnamese, Vietnamese, English. The air hums, too, with cicadas, and the scent of the medicinal herb garden wafts in across the deep verandah. Tall shade trees grow in the courtyard. It is very peaceful, except that on the other side of the courtyard some farmers are "selling a pig to the State", as we are told. The noise of his objections punctuates and sometimes overwhelms our conversation.

A doctor, one of the herbalists, pads off to see if the state could forego its pig for the moment, and we take up the flow again. Phung Cong is a leading commune for agricultural production, for health care, for family planning. There are what seems to be an impossible number of doctors and nurses – for 5,000 people, four medical assistants, two herbalists, six nurses and 17 part-time auxiliary nurses with the production teams. But the rule-of-thumb target is one medical worker, full or part time, to every 100 people. So they are, in theory, below strength.

The clinic does not seem overloaded today, with only one patient, a cheerful young lady having her second child, a healthy youngster of 3.2 kg. The only member of the commune in trouble seems to be the pig.

Not so, unfortunately. On the wall behind our heads, there is a long, almost embarrassingly detailed list of ailments and complaints and how often they have occurred recently in the commune. It's up-to-date, a good sign. Trachoma – an eye disease which causes blindness – respiratory and "nervous" diseases are the most common. TB, VD and a dozen others are featured "Digestive and diarrhoeal" is low down the list, perhaps because of the array of rophylactics and curatives in the herbalists' garden. Surprisingly, malnutrition is not.

Malnutrition as a serious problem is surprising, because in this commune the buffalo – a good guide to prosperity in Asia– are some of the fattest we've ever seen and there are chickens, fish and ducks in profusion. And pigs. But bad weather and low production have in recent years spoiled the rice harvest - on which everything in Vietnam depends. There is still a general rice shortage – workers are reported in some places to be too weak to work properly – and perhaps this village suffers along with the rest.

Trachoma and the rest still exist even in this model village largely because of chronic debility in the health services. The clinic and its associated workers can take care of most ailments, but for more serious illnesses the commune depends on the district hospital a few miles away. With 1 doctor for every 4,000 people and one hospital bed for every 400, Vietnam is well supplied, compared with many more prosperous Asian countries.

But visits to hospitals and medical schools reveal problems. Many of these are purely physical; buildings are old and under-equipped. Anything which has to be imported, which means most drugs and medical supplies, is scarce because of foreign exchange shortages. The aid agencies – Sweden, the Netherlands, the United Nations Development Programme, UNIICEF, and U.N. Population Fund (UNFPA) and a few others – do what they can, but the needs are far beyond their resources and are increasing all the time. Even in one of the main hospitals in Hanoi, only the most urgent operations can be performed because of a shortage of catgut. In Phung Cong, the endemic trachoma could easily be treated with tetracycline: but there is none.

Training programmes, too, suffer from these shortages, but there is also the question of organisation; the sort of decentralised system in operation in Phung Cong works well, but the wide variety of categories and programmes has stretched training staff and facilities to the utmost. Hence, the long list of illnesses on the Phung Cong Clinic wall.

The opposite wall has a map of the village. Larger and smaller plots are shown, home gardens with banana, rose-apple and lichee trees, and rice drying outside the door. Most of the fields are communally farmed.

The lady who greets us is alone with her mother; like more than half the men in the commune her husband is away, "working for the Government". This may mean the army, agricultural, industrial or local government work. It may mean, as in this case, transfer to a distant province.

She plies us with rose-apples, smiling and bowing at the unexpected intrusion. Her mother sits behind the window of an annex to the sturdy brick house, fanning herself. Inside the living room, it is cool and dim. A black carved and inlaid Chinese table and chairs and a big glass-fronted dresser loom out of the darkness. There is a standing fan and photographs of batter, husband and children on the table.

Are all houses in the commune as well-appointed as this?

Well, no says our guide, the table and chairs must be heirlooms; but most people live on much the same level. He points out the well and washing place as we leave the garden. "The three necessities", he says, "well, washing place, latrine. There was a campaign that every home should have them. Most of them do". As we stroll back along the brick path by the pond we can see, behind their fences and fruit trees, clay-walled shacks. Do they also have the "three necessities" and electric fans?

It is very peaceful as we cross the causeway. From the other side of the pond the commune looks like a grove of trees, hedges rising almost to the rooftops. The pig seems to have bowed to social necessity and in his place a large buffalo caked in dried mud is trying to blend into the landscape. Small boys run from the camera.

Which brings us back to the purpose of our visit.

In Phung Cong there are between three and six births every month, a very low figure and one of the best in the district. If the rest of the country were doing as well, there would be no problem. As it is, Vietnam's population is growing by over 2 per cent a year.

Pressure on women to marry early and have many children has been much reduced by their social emancipation. Women were recognised formally as the full equals of men in the constitution of 1945. Practically, of course, the centuries old traditions of the "Four Virtues" (proper language, gesture, behaviour and facial expression, to cultivate honesty, modesty, politeness and fidelity) and the "Three Obediences" (to father as a girl, husband as a married woman and son as a widow) were not eradicated by a more revolution, though that helped. Maybe the absence of men during the war also contributed to women's self-reliance, or maybe economic necessity was the spur; women now provide 40 per cent of the labour force.

In a commune like Phung Cong the replacement of the extended family as the basic unit for agricultural work by the „"production group" of unrelated adults had further reduced pressure on women to have large families. So has the extended health care system. Instead, there is pressure the other way. Late, marriage, late pregnancy and late second child, the government's "Three Lates' for family planning are heavily emphasised in propaganda and in practice.

The Institute for the Protection of Mothers and the Newborn, the Ministries of Health and Education, and the ingenious and extensive cable radio system all carry the message of the "Three Lates" in their propaganda and training. It is further reinforced by the village health committee and the local branch of the Women's Union.

The commune has been actively promoting family planning since 1966, and has been a "pilot commune" since 1974, concentrating on reducing the number of births.

Women, after their first child, are fairly firmly offered the IUD, for a period of five years, though they are free not to accept it especially if the father will take responsibility for family planning. The pill is not popular. Sterilisation is not very common, but abortion is: there is a shortage of equipment for sterilisations and a trickle of contraceptives, all of which have to be imported. Stocks of UNFPA-supplied contraceptives are adequate, we are told politely; but the Ministry of Health says that the national programme cannot reach its target of 1.5 per cent growth by 1985 without many more contraceptives from somewhere.

Nevertheless, Phung Cong has brought down its growth rate from nearly 3 per cent in 1975 to 1.25 per cent in 1980. Much of this success is due to women like the cheerful young mother we saw earlier. She didn't want any more, she said with a broad grin. When she leaves the hospital in a day or two she"ll be wearing an IUD.

There is renewed yelling. Not a pig this time, but a boy who has fallen and twisted his knee. As we leave, he is sitting in the doctor's office on his father's lap, still snuffling, but recovered enough to take a healthy interest in the foreign visitors.

The date above the decorated portico is 1971. Built by the commune themselves, we are told, At about that time nearly a hundred houses were destroyed in bombing raids; little evidence remains. The commune has survived the war. So far, it is surviving the peace.–*Depthnews*

CSO: 5400/5927

BRIEFS

CATTLE VACCINATION CAMPAIGN--Lubango--A large-scale vaccination campaign against the principal diseases which affect cattle, especially anthrax and peripneumonia, will be initiated in the near future in all cities of Huila Province, according to a communique from the provincial directorate of the Cattle-Raising Organization. The communique stresses that "experience has shown that only nonvaccinated cattle have actually contracted anthrax and peripneumonia, peculiar to cattle," and it appeals to the cities' party and government organizations to inform cattle breeders of the seriousness of the situation. [Text] [Luanda JORNAL DE ANGOLA in Portuguese 9 Mar 82 p 12] 8568

CSO: 5400/5907

REGIONS QUARANTINED AGAINST FOOT-AND-MOUTH

Measures Taken

LD011324 East Berlin ADN International Service in German 1203 GMT 1 Apr 82

[Text] Berlin, 1 Apr (ADN) -- With reference to the 24 March press announcement on measures against foot-and-mouth disease, the GDR Ministry of Agriculture, Forestry and Foodstuffs further announced:

Through the active support of cooperative peasants and workers in the agricultural production cooperatives and publicly-owned farms as well as of citizens, the veterinary forces in the Ruegen, Stralsund, Grimmen, Greifswald, Wolgast and Anklam Kreise have so far managed to prevent a further spread of foot-and-mouth disease. However, a spread of the disease to cattle in the Ribnitz-Damgarten Kreis could not be avoided.

The particular danger of the foot-and-mouth disease virus is that it is easily communicated via animals and objects, but especially by car and vehicle traffic. In order to combat foot-and-mouth disease and to protect animal stocks, further measures are necessary in the above-mentioned kreise as well as beyond, which have been decreed by the chairman of the central animal disease commission on the basis of the law on the veterinary service and the decree on protection of animal stocks from livestock epidemics, parasitical diseases and other special dangers. Accordingly, until further notice, in the Kreise of Ribnitz-Damgarten, Ruegen, Stralsund, Grimmen, Greifswald, Wolgast and Anklam:

-- entry for the purpose of visits and tourist stops of all kinds, as well as business trips, are not permitted;
-- organized events of all kinds are not permitted.
-- vacation and spa sojourns, including those arranged by the FDGB vacation service, may not be taken;
-- citizens from these kreise are not permitted to travel into other kreise or bezirke or abroad.

(Exceptions for entering and leaving these kreise in cases of urgent family matters, such as critical illness or death, require permission from the kreis offices of the People's police)

International transit traffic on Highways F96 and F105 and via railway will be allowed to continue as a through trip with no stops.

All citizens are asked to show understanding for these measures and are called upon to actively support the rulings and obey the instructions of the control and order forces. Further information will be given at the appropriate time.

Earlier DPA Report

LD301722 Hamburg DPA in German 1602 GMT 30 Mar 82

[Text] Bonn, 30 Mar (DPA) -- Due to foot-and-mouth disease in the north of the country, the GDR has now closed a seventh district, Ribnitz-Damgarten, east of Rostock, to vacation traffic. This was announced by the Federal Ministry for Intra-German relations on Tuesday in Bonn on the basis of information received from GDR authorities. The GDR districts of Anklam, Wolgast, Greifswald, Grimmen, Stralsund and Ruegen were closed to vacation traffic last week. The ban is for an unspecified period and applies until rescinded.

CSO: 5400/2122

LIVESTOCK DIE NEAR WEST JAVA WILDLIFE RESERVE

Jakarta SINAR HARAPAN in Indonesian 13 Feb 82 pp 1, 12

[Excerpts] As of 8 February, 45 water buffaloes, 351 goats and 450 chickens belonging to the villagers of Taman Jaya and Cigurondong, Cimanggu Regency, West Java, near Ujong Kulon Wildlife Reserve, have died.

It is believed that the deaths of these 846 animals are similar to the deaths of four rhinoceroses and a wild buffalo since December. It is not impossible that the same illness attacked both groups.

"Operation Save the Rhinoceros" was held in the Ujung Kulon area from 3-8 February, in the aftermath of the death of four rhinoceroses. The aim was to take an exact census.

After finding the trail of the rhinoceroses, the team made a provisional estimate of 53-59 rhinoceroses in the area. The team concluded the rhino population was stable, they were living normal lives, and there was no cause for concern.

In addition, the team inventoried livestock in the area around Ujung Kulon.

A veterinarian, Dr Ginting, and a staff member of the Bogor Office for Investigation of Animal Disease arrived at the Taman Jaya Post of the Ujung Kulon Permanent Wildlife Reserve on Tuesday afternoon. Their aim was to determine the nature of the livestock epidemic, and ascertain the cause of death of the rhinoceroses and the wild buffalo, as well as protecting the hundreds of cattle belonging to local villagers.

After a kampung by kampung search, the team found a water buffalo which had just died after a 4-days illness. According to Jamarin, its owner, the animal had not eaten the last 3 days before its death. The team asked Jamarin to let them take specimens for further investigation of the cause of death.

Dr Ginting, assisted by the staff and the local populace, dissected the animal. He took blood from the neck and heart, and injected it into nine rats. He also removed the internal organs, including the heart, liver, kidney, intestines and brains, which he preserved with formalin for a histopathological examination. The blood samples were for biological investigation.

Dr Ginting told SINAR HARAPAN that he was not yet able to determine what had killed the hundreds of animals belonging to the villagers or the rhinoceroses. The specimens taken will be studied in the laboratory, to determine what disease was attacking the livestock. Dr Ginting also could not say if the disease which had killed the water buffaloes was the same as the one which had killed the rhinos and the wild buffalo.

The team from the Bogor Office for Investigation of Animal Disease will shortly return to Ujung Kulon, to vaccinate the villagers' cattle.

9197
CSO: 5400/8416

BRIEFS

ANTHRAX CHECKS--Umtali--Umtali City Council has increased the number of checks on meat sold in the city after an outbreak of anthrax in Manicaland, the acting chief hygiene officer, Mr Eric Foxton, said this week. Health inspectors were checking samples of meat sold through licensed butcheries, and had stepped up their vigilance for meat being sold illegally, he said. Two people will be prosecuted soon for illegally selling meat. Mr Foxton said he was extremely concerned about the anthrax. Two people had already been treated in Sakubva infectious diseases hospital for the complaint. "They only had the anthrax lesions, not the lung or stomach infection, but they were still very ill when they arrived. They recovered after intensive treatment. They were kept in the hospital for quite a while because of complications. One completely lost her voice." Both victims were from the Marange area. [Text] [Salisbury THE HERALD in English 20 Mar 82 p 5]

CSO: 5400/5928

ANGOLA

BRIEFS

MANIOC 'VIROSIS' EPIDEMIC--Kinguangua, Uige--The "Marien Ngouabi" peasant association, located slightly more than 7 kms from the village of Kinguagua in the province of Uige, is proof that a revolution has taken place in agriculture and that the people have the will to work. The association is a community that cultivates approximately 10 hectares of peanuts, manioc, pineapple and sugar cane. "However," municipal delegate for agriculture Fernando Antonio Kitoko stated, "the municipality will experience a shortage of fuba [manioc meal] because of the 'virosis' epidemic that destroys manioc." The "virosis" is a disease that dries up the manioc plant from the roots to the leaves. It was initially noted in 1978. Since nothing was ever done to combat it, the disease now affects almost the entire province. [Excerpt] [Luanda JORNAL DE ANGOLA in Portuguese 24 Mar 82 p 4]

CSO: 5400/5939

PHEROMONES USED AGAINST COTTON LEAF WORM, CITRUS MOTH

Jerusalem INNOVATION in English No 76, Mar 82 pp 3-4

[Text] Afula – Some 200,000 dunams (about 50,000 acres) – almost 50% of all the cotton planted in Israel – are now protected against the Egyptian cotton leaf worm by pheromone-baited traps. The bait is a synthetic pheromone produced by Chemada, on the basis of research conducted at Ben Gurion University.

Pheromones (see *INNOVATION 47*, October 1979) are chemicals produced by insects in order to communicate with their fellows. Most important among them are the sex pheromones, specific to each insect variety, which lead the male to the female in time for her eggs' fertilization.

A minute quantity of the synthetic pheromone – on the order of 2 mg – baits the trap, which consists of a hard plastic cover placed a short distance above a suspended plastic sleeve, which is closed at the bottom. The male insects are attracted from a fairly large downwind area, come to the bait and fall into the sleeve for reasons connected with their way of locomotion. If the inside of the sleeve is dusted with talcum, they will not be able to crawl out and soon die. Traps are placed at the edge of the field, about one for every four or five dunams.

Closely monitored tests, carried out over five years in Upper Galilee, showed that the orderly operation of such traps results in the significant reduction of insect populations. Spraying against the Egyptian cotton leaf worm was reduced by 25 to 30%, compared with control areas. That yielded farmers significant cash savings, and also cut down on the environmentally objectionable use of chemical pesticides.

Researchers are greatly encouraged by this success, as they are by mass trapping methods, each trap baited with a pheromone, to protect lemon and citron groves in Israel against depredations of the citrus flower moth. However, they insist that much still remains to be done, to make the use of pheromones a universal and reliable pest control method.

CSO: 5400/4719

BRIEFS

BLACKFLIES CONTROL--The flow of the Orange River would be halted at the PK le Roux Dam over weekends for the next few months in an effort to control blackflies breeding in it, the Veterinary Research Institute said in Pretoria yesterday. "Water level reduction to control the fly means that pesticides, which are undesirable in drinking water and which could disrupt the ecology of the river, need not be used," it said.--Sapa. [Text] [Johannesburg THE CITIZEN in English 3 Apr 82 p 2]

CSO: 5400/5936

BRIEFS

RICE BLAST APPEARS--According to the reports received from various provinces, rice blast has now appeared on a relatively large area in many localities. In Nghe Tinh, as many as 20,000 hectares of 5th month-spring rice have been affected by rice blast, including 300 hectares which have been described as seriously affected. Rice blast has also been reported in Thanh Hoa, Ha Nam Ninh, Hai Hung, Hanoi, Thai Binh, Ha Bac and Haiphong. If countermeasures are not taken promptly, this situation, which is similar to that in the 1978 5th month-spring crop season, will adversely affect the rice yield and output. [Excerpts] [BK221327 Hanoi Domestic Service in Vietnamese 0400 GMT 21 Mar 82]

CSO: 5400/5926

END

JPRS 80632

22 April 1982

Worldwide Report

EPIDEMIOLOGY

No. 275

FBIS FOREIGN BROADCAST INFORMATION SERVICE

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22 April 1982

WORLDWIDE REPORT

EPIDEMIOLOGY

No. 275

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BRIEFS

MYSTERY DISEASE REPORTED--Feni, March 16 (BSS)--A mysterious disease along with the amaenic syndrome and micronutrient deficiency has gripped seventeen families under Dhalia union of Feni Sub-division. Twenty children between 1 year and 20 years of age have ever since January last grown emaciated to near skeleton and lost eyesight. No medicines, not even the satan-whipping by the exorcists could have brought any remedy so far. The victims symptomatically suffer from indigestion, diarrhoea, headache and opthalmic disorders. Night blindness is the ultimate end of the eye trouble. Of late elderly persons of these families living in one house only under Mashimpur village are becoming victims of this affliction. A team of physicians headed by Dr Khalilur Rahman, consultant, Feni Modernised Hospital, visited the house and collected blood to determine the pathogen factors. Meanwhile, innumerable white clouts are fluttering atop bamboo staves around the house at short intervals to scare away the Satan. [Text] [Dacca THE NEW NATION in English 18 Mar 82 p 2]

CSO: 5400/7056

SERIOUS HEALTH SITUATION, LACK OF FOOD, WATER NOTED

Dakar LE SOLEIL in French 1 Mar 82 p 16

[Article: "Precarious Health Situation"]

[Text] Ndjamena--A measles epidemic caused the death of 200 people during the months of January and February in the south and the north of Chad, while in the east, the health situation, aggravated by malnutrition and war, remains "extremely precarious," according to health sources in the Chadian capital.

In the Bardai region (north), where the deaths of 60 children were recorded in January, the population had not seen any doctors or nurses for 10 years, according to assertions made to AFP by a French doctor who went there at the request of Chadian authorities.

"In this area, at least one child out of two dies before reaching the age of 5 years." he added, basing his information upon testimonies of victims' parents, as medical statistics do not exist.

In Faya-Largeau (north), a city which came under the control of the Armed Forces of the North (FAN) 1 month ago, medical care has been provided by a Chadian first-aid worker since February 1979.

The Ministry of Health in Ndjamena has indicated that a measles epidemic, which killed 100 children, has also been recorded in the south of Chad, in the Gagal, Kelo and Sarh regions. Local authorities have called for the shipment of medicine and personnel in order to carry out a vaccination program. Lack of fuel keeps the doctors currently there from going out into the bush.

The health situation is also precarious in eastern Chad, especially at Ati, Mongo and Oum Hadjer; there, the consequences of drought, war and the specter of famine are forcing the local population to emigrate toward Ndjamena. In villages near these three localities, water has been rationed since most of the wells have gone dry.

Food also is lacking. Food-producing crops, the only economic resources which allow food self-sufficiency to the native population, have been abandoned for 3 months because of the battles taking place in the region.

On Saturday, Chadian military authorities present in the Oum Hajder area called for the immediate dispatch of medicine for "numerous wounded" from the battles which took place this week in this city between government forces and Hissein Habre's troops.

In the capital, authorities fear a meningitis epidemic, as several cases have already been observed. A large part of the population is also stricken with tuberculosis and suffers from skin diseases.

The United Nations High Commissioner for Refugees (UNHCR), which for 2 months has provided food for three-quarters of the inhabitants of the capital (around 200,000 people), granted a gift of 60 million CFA francs (Fr 1.2 million) to the municipality so it can carry out urban decontamination efforts.

9927
CSO: 5400/5874

BRIEFS

HEPATITIS OUTBREAK--Forty hepatitis cases a month are registered among the students in Xanthi. There were 200 cases within a six-month period! There are new cases every day, but nothing is done... Scientists claim that "the water is to blame." Others maintain that it is not the fault of the water. Local health authorities have made the surprising discovery that"... contagion is caused from contact between the hepatitis sufferer and the healthy individual, and that is the reason why most of the cases are found in the schools!" However, the "discovery" has not been enough to stop the incidence of the disease. Minister of Social Services P. Avgerinos has sent over experts to study the matter. Hepatitis continues, meanwhile, to affect the children and studies tend to take a long time. Something must be done faster by Mr Avgerinos. [Text] [Athens TA NEA in Greek 23 Mar 82 p 10]

CSO: 5400/5321

BRIEFS

WHOOPING COUGH--Salvador Borda, a Miskito leader in the Misquitia, told TIEMPO yesterday that an outbreak of whooping cough, which is spreading rapidly and has claimed several lives, has alarmed the people of the Gracias a Dios region. He said that the effects of the epidemic tend to increase, claiming new lives, and that immediate attention by the Public Health Ministry authorities is required. [PA112024 San Pedro SULA TIEMPO in Spanish 5 Apr 82 p 4]

CSO: 5400/2129

BRIEFS

VACCINATIONS AGAINST CHOLERA--Phnom Penh, 28 Mar (SPK)--In 10 days, 18,560 persons of Chbar Ampeou Ward--a suburb of Phnom Penh--were vaccinated against cholera. [Excerpt] [BK011207 Phnom Penh SPK in French 0401 GMT 28 Mar 82 BK]

CSO: 5400/5937

CHAMPASSAK ANTI-MALARIA WORK NOTED

Vientiane VIENTIANE MAI in Lao 26 Dec 81 p 1

[Text] On 21 December 1981 the Champassak Province public health department held a meeting to summarize the results of the malaria suppression operation in the province since 1978. Cadre from the provincial hospital and 10 district towns participated.

On this occasion the representatives of the council responsible for the work reported on the anti-malaria work from 1978 to 1981 in detail, explaining the strengths and weaknesses, the successes, the difficulties and the achievements, particularly for 1981. The provincial health department sent out anti-malarial teams joined with units from the district health sections. They completed their work in 61 cantons with 676 villages, 47,705 houses, distributing anti-malarial drugs to the people in every locality. This action stopped the spread of malaria and progressively reduced the number of persons ill with the disease.

Those honored persons at the meeting were Thong Inthammakot, deputy party secretary for the provincial committee, as well as chairman of the provincial government, representatives of the national malaria suppression institute, representatives of World Health, malaria experts from the Socialist Republic of Vietnam and invited guests.

9615
CSO: 5400/5846

PROGRESS AGAINST MALARIA, COMMUNICABLE DISEASE NOTED

Vientiane SIANG PASASON in Lao 14 Dec 81 p 2

[Editorial: "Public Health Progress in 1981"]

[Excerpts] In 1981 the epidemics and endemic diseases to which we are prone in our nation were malaria, diarrhea (dysentery) and communicable diseases such as flu, pneumonia, measles, chicken pox and tuberculosis. But the level of these diseases, if compared to past years, was much reduced and there were no epidemics.

In the scientific attack against malaria, the number one disease of our nation, with the aid of the Socialist Republic of Vietnam, we established the eradication campaign concentrating on two provinces, Vientiane and Champassak.

We eliminated the disease for over 43,000 persons, by spraying 150 tons of DDT in 115,000 houses and distributing more than 7,500,000 doses of medication. Thus we reduced by 10 times the number of persons ill, by 12 times the incidence of the disease, by 5 times the number of persons disabled and by 7 times the number of deaths.

By their action they were able to protect 540,800 persons, the components of productive labor, and provided proper care for our nation. Disease prevention for mothers and children, with medication to protect against cholera, typhoid, diphtheria, chicken pox, tuberculosis, polio and tetanus, was an operation in which many provinces participated. The Ministry of Public Health has plans to raise the quality of the disease prevention endeavor step by step by starting training for cadre from the provinces in:

--Giving injections efficiently

--Suppressing disease and curing diarrhea with oralit [as published] medication

Care: In the past year public health throughout the nation continued to improve. Up to the present according to statistics that are not yet complete the total number of beds has increased to 10,200. Of this number the greatest expansion was at the canton and village levels. The number of clinics (canton level) was 630. This fact is evidence that public health work has returned to basics. Physical examinations increased from 0.5 to 0.6 times for each person per year. The quality of service and care in all the clinics at various levels was raised progressively. The role of native medicine in curing disease, for example, ordinary and chronic disease, has been greatly expanded with satisfactory results.

9615
CSO: 5400/5846

BRIEFS

SAVANNAKHET MALARIA WORK--In December 1981 the people of Khao Kat Canton and Thasamo Canton, Khanthaboury District, Savannakhet Province received health examinations and anti-malarial injections. This was the result of the determination of the cadre of the provincial anti-malaria team to perform their duties along with the local cadre. The spread of malaria and the number of persons ill from the disease were progressively reduced. [Text] [Vientiane KHAOSAN PATHET LAO in Lao 2 Jan 82 p A2] 9615

CSO: 5400/5846

BRIEFS

BEIRA CONJUNCTIVITIS OUTBREAK--Approximately 80 cases of conjunctivitis were registered in the city of Beira during the last 24 hours. This information was provided by Frederico Cunhete, who is in charge of emergency services in the Beira Central Hospital. He also stated that the situation in Beira can become more serious because the conjunctivitis epidemic is spreading. Meanwhile, information gathered by our correspondent in Beira indicates that this year conjunctivitis has taken alarming proportions and can jeopardize various sectors of activity, considering that numerous persons have been affected, especially in the periphery of Beira. The epidemic started last week and is caused by a virus that can reach a radius of approximately 5 kms in a short period of time. Health services in the city are adopting a number of protective measures, isolating patients for a week or more to avoid contagion. Meanwhile, Frederico Cunhete said that many people prefer to seek help at drugstores rather than at the hospital. [Text] [Maputo NOTICIAS in Portuguese 3 Apr 82 p 1]

CSO: 5400/5947

BRIEFS

MEASLES VACCINE SHORTAGE--CHAUTARA, Marck 22--About seven children have died of measles in various village panchayats of Sindhupalchowk district recently, it is learnt. While the difficult local terrain makes it hard to carry the measles victims to Chautara hospital, other health posts in the district are short of anti-measles injections, it is stated. According to the families of the measles victims, they had to return without treatment because of the shortage of injections at Chautara hospital also. Chautara hostital has at present only one doctor on duty although three have been posted for it. [Text] [Kathmandu THE MOTHERLAND in English 23 Mar 82 p 1]

CSO: 5400/5938

SIND HEALTH UNITS PER 5000 POPULATION PLANNED

Karachi BUSINESS RECORDER in English 20 Mar 82 p 2

[Text] The provincial Health Department has finalised a scheme under which every area having a population of about 5,000 people will be provided with a basic health unit.

This was stated by Syed Ahad Yusuf, provincial minister for health and information while inaugurating 'Qamarul Islam hospital' established by Darul Alum Qamarul Islam Sulemania in Punjab colony here this afternoon.

The health minister said the provincial government was following a policy of expanding the medical facilities throughout the province within the available financial resources.

He said that a number of rural health centres and basic health units were under construction at various places in Sind, while 29 hospitals and dispensaries were functioning in Karachi under Sind Health Department.

Ahad Yusuf said that improved and effective medical services could be ensured in the urban and rural areas by joint efforts of the government and social welfare agencies. He underlined the need for setting of health institutions in the province on self-help basis

Ahad Yusuf said the government was spending a huge amount to improve the health condition of the people. But, he added, without active cooperation of the philantropists the real goal can not be achieved.

The health minister urged the doctors to acquire latest medical knowledge and serve the ailing people with sincerity and devotion. He advised the doctors to at least, spare few hours for providing free medical assistance to poor patients.

He assured that the Sind Government would provide vaccines to the newly set up hospital free of cost under expanded programme on immunization.

Earlier, Syed Azmat Ali Shah Hamdani, principal Darul Uloom Islam Sulemania welcomed the minister and said that efforts are being made to acquire a plot for constructing a full-fledged hospital for the poor patients of the area.

He said that a well-equipped laboratory and X-ray plant have also been provided in the hospital.

He pointed out that free medical facilities would be provided to the deserving patients he said the Darul Uloom was providing Islamic education to a large number of students from with in the country besides Indonesia, Malaysia, Uganda, Ghana, Thailand and other countries.

Hazrat Abul Hasan Shah Manzurul Hamdani, founder of the Darul Uloom also spoke on the occasion.

Later, the health minister inaugurated the Qamarul Islam hospital and went round its various sections and landed the efforts of the management for setting up the hospital.

CSO: 5400/5929

FIFTY CHILD WELFARE CENTERS TO BE BUILT IN LAHORE

Lahore THE PAKISTAN TIMES in English 20 Mar 82 p 3

[Text] The Lahore Development Authority will build 50 maternity and child welfare centres in different parts of Lahore.

The Director-General of LDA Maj.-Gen. (Retd.) M H Ansari disclosed this while opening the LDA-build Pakistan Family Welfare Council Maternity and Child Welfare Centre at Sector D-1 of the Kot Lakhpat Township on Thursday.

The LDA chief said that the Authority would give land and build M and C welfare centres at 50 places selected by the Family Welfare Council. The Council will have to accept the responsibility for running these centres.

He said that the Authority had already allotted two quarters to the Council for setting up maternity and child centres in Packages Scheme Sector-5 of the Township Scheme. It had already built two schools in Data Nagar and Islampura katchi abadi and Al-Fatima Industrial Home for Girls outside Yakki Gate.

He also announced that two primary school would be built in Green Town. He said more rooms would be added to the newly built M and C welfare centre for opening a dispensary.

UNICEF Programme Officer, Mr. Fida Hussain, announced to supply necessary equipment and medicines for the newly-opened maternity and child centre and train the personnel required for running the proposed 50 M and C welfare centres in Lahore.

Pakistan Family Welfare Council Director, Mr. Naseer Chaudhry, said that death rate of mothers and newly-born children had increased in Pakistan due to non-availability of medical care. He said that the country had only 850 maternity and child welfare centres against a requirement of about 8,000 such centres.

The Social Welfare Deputy Director, Mr. Zafar Ali, assured the centre of all possible help.

CSO: 5400/5929

FREE DISPENSARY OPENS IN RAWALPINDI

Islamabad THE MUSLIM in English 20 Mar 82 p 3

[Text] RAWALPINDI, March 19: Rao Farman Ali Khan, Federal Minister for Petroleum and Natural Resources has appealed to affluent and philanthropist sections of society to make maximum possible donations for the welfare of the destitutes, needy and deserving people.

Inaugurating a Free Homoeopathic Dispensary, established by the Zaihni Saihat Society here this afternoon, the Minister, who is also the patron of the society, said he was happy to note the rising trend of welfare activities amongst our people.

The Minister, in this connection, underscored the importance of concerted efforts in order to make Pakistan a welfare State. Unless we work jointly for our socio-economic betterment, we can not bring about prosperity and overall development for the country, which should be our supreme moto in life, he added.

The Minister, on the occasion, impressed upon the people particularly the youth to adopt positive approach and inculcate in themselves the national spirit, as Pakistan's integrity should be our first priority rather than our individual interests.

Rao Farman said, though the Government was endeavouring hard for the welfare of the common man, yet the people were equally responsible for improving their conditions.

Earlier, Mrs. Col. Razaq, Vice President of the Zaihni Saihat Society, in her speech, explained the objectives and achievements of the society. She said the purpose of the society was to take up cases of mental diseases for free treatment and co-ordinate the social sectors in developing Islamic way of life.

CSO: 5400/5929

DOCTORS THREATEN STRIKE

Islamabad THE MUSLIM in English 21 Mar 82 p 1

[Article by Shamsul Islam Naz]

[Text] FAISALABAD, March 20: Pakistan Doctors Organisation have again placed before the authorities their charter of demands, and have served them with a notice of a token strike in the province of Punjab.

The token strike commences from tomorrow (March21) and would initially be for two days. It may prolong if a compromise is not arrived at during the period.

In a Press statement issued here today, the Pakistan Doctors Organisation have claimed that despite their frantic appeals, and a full-fledged strike by junior doctors last year which was called off after 25 days, as a result of firm assurance of redressal. The government has not taken any positive action with regard to their demands despite their commitment.

The demands include streamlining of services structure of junior doctors, Grade-18 for junior docs, job opportunities and provision for early promotion.

The statement further claimed that after completion of 21 years government service a medico gets a normal salary of Rs. 1,200 per month whereas, an Army Officer or a CSP Officer get Rs. 3,000 on completion of an equivalant term.

Meanwhile, the free eye camp which was scheduled to commence with effect from March 25, has been postponed indefinitely, very much to the detriment and disappointment of thousands of eye patients who were hoping to see a ray of high.

A spokesman of the Patients Welfare Society has informed 'The Muslim', that the arrangements for holding the eye camp had to be called off on the apprehension of the doctors' strike lingering on indefinitely.

CSO: 5400/5929

MEDICAL ASSOCIATION DEMANDS BAN ON QUACKERY

Karachi DAWN in English 20 Mar 82 p 8

[Text] Pakistan Medical Association has demanded "immediate ban on quackery through effective legislation" and closing down all the 'spurious medical colleges' operating in Pakistan without further loss of time.

This demand was voiced in the form of a resolution unanimously adopted at the Central Council meeting of the Pakistan Medical Association held at PMA house on Friday evening. It was presided over by Dr Mohammad Yunus, President PMA (Centre).

Grave concern was also expressed over the inordinate delay in providing effective legislation to control the "menace which has crept in the nation's health care scheme as a cancer", a spokesman of the PMA told 'Dawn' after the meeting.

He also said that there were over 25,000 quacks in Pakistan, according to a preliminary survey conducted by the Pakistan Medical Association. He also said that there are five such spurious 'medical colleges' — three of them in Lahore, operating and cheating people on a very large scale.

He also said that these enemies of the nation's health had 'powerful backings', as they have been advertising in the national dailies their 'sub-standard' products — the quacks and the so-called 'medical colleges' teachings.

A spokesman of the PMA said that there were only about 15,000 registered medical graduates throughout Pakistan, while the number of quacks, who call themselves doctors' is even 25,000 in the country.

The PMA felt that the shortage of doctors had been a singular factor to which the authorities always gave a deaf ear.

The government has now realised, he pointed out, that the quacks have been playing havoc with the lives of the citizens through the misuse of the broad spectrum of antibiotics. He also disclosed that deaths due to this in the hospitals increased to the maximum.

Besides, the patients were also thoroughly exacted by these quacks.

He also pointed out that the 1962 Ordinance called the Prevention of Misuse Ordinance, 1962, proved totally ineffective. The Drug Act, 1916, proved most impotent and impracticable to take any punitive measures against the culprits.

The Pakistan Medical Association, in its meeting re-affirmed its determination to continue its fight to eradicate quackery from Pakistan.

CSO: 5400/5929

ACTION URGED FOR JOBLESS DOCTORS

Karachi DAWN in English 20 Mar 82 p 8

[Text] Urgent need to absorb the jobless medical manpower in the national health scheme, with the efforts of all concerned sectors was voiced at a panel discussion held at PMA House on Friday.

The topic of discussion was "Health Care and Medical Manpower Development" on the second day of the Annual Medical symposium, sponsord by the Pakistan Medical Association (Karachi).

The panel discussion was participated by Lt. Gen. Fahim Ahmad Khan, Surgeon-General and DMS, Armed Forces Maj.-Gen. Iqbal Mohammad Choudhry, Director-General Health, Government of Pakistan, Mr Sayeed Ahmad Siddiqui, Health Secretary, Government of Sind Dr A. K. Mangi, Medical Adviser SESSI, Dr S. M. Moonis, Dr F. U. Baqai, Dr Jamshed Wania, Dr Badar Siddiqi and Dr Naimatullah Gichki.

It was the unanimous opinion of the panel that efforts should be made to pool the resources of all the concerned sectors for evolving a proper and comprehansive plan to absorb doctors in the nation's health delivery system. They strongly advocated for a permanent solution through proper utilization of medical manpower in Pakistan.

Four sessions were devoted to various problems which were discussed threadbare on the concluding day on Friday.

Agency adds

Maj.-Gen. Iqbal Chaudhry, Director-General , Health, said that he was fully mindful of the situation arising out of the growing number of young doctors and assured that he would put forward the observations of the panel discussion to the government.

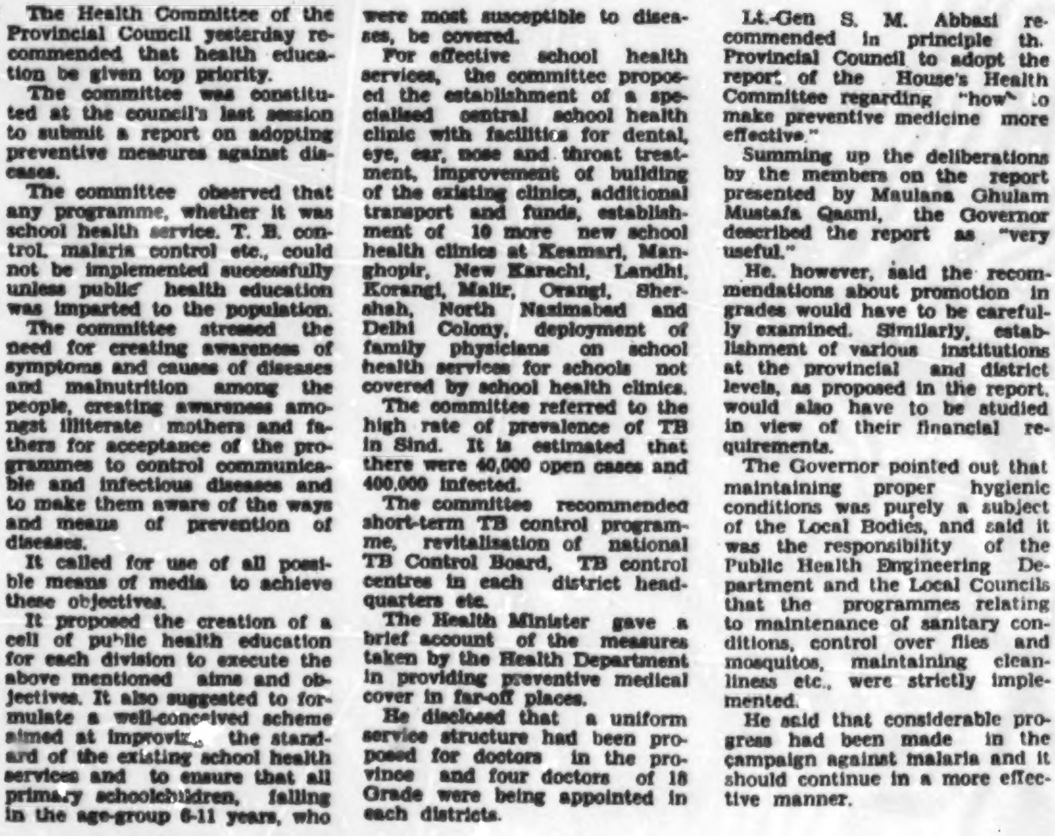
Lt.-Gen Fahim Ahmed Khan, DMS, Armed Forces, explained the working of Army Medical College and training facilities provided to fresh graduates.

Dr F. U. Baqai pointed out that the private sector was already providing jobs to about one-third of the number of doctors coming out of medical colleges.

CSO: 5400/5929

TOP PRIORITY FOR HEALTH EDUCATION RECOMMENDED

Karachi DAWN in English 22 Mar 82 p 6



[Text] The Health Committee of the Provincial Council yesterday recommended that health education be given top priority.

The committee was constituted at the council's last session to submit a report on adopting preventive measures against diseases.

The committee observed that any programme, whether it was school health service, T. B. control, malaria control etc., could not be implemented successfully unless public health education was imparted to the population.

The committee stressed the need for creating awareness of symptoms and causes of diseases and malnutrition among the people, creating awareness amongst illiterate mothers and fathers for acceptance of the programmes to control communicable and infectious diseases and to make them aware of the ways and means of prevention of diseases.

It called for use of all possible means of media to achieve these objectives.

It proposed the creation of a cell of public health education for each division to execute the above mentioned aims and objectives. It also suggested to formulate a well-conceived scheme aimed at improving the standard of the existing school health services and to ensure that all primary schoolchildren, falling in the age-group 6-11 years, who were most susceptible to diseases, be covered.

For effective school health services, the committee proposed the establishment of a specialised central school health clinic with facilities for dental, eye, ear, nose and throat treatment, improvement of building of the existing clinics, additional transport and funds, establishment of 10 more new school health clinics at Keamari, Manghopir, New Karachi, Landhi, Korangi, Malir, Orangi, Shershah, North Nazimabad and Delhi Colony, deployment of family physicians on school health services for schools not covered by school health clinics.

The committee referred to the high rate of prevalence of TB in Sind. It is estimated that there were 40,000 open cases and 400,000 infected.

The committee recommended short-term TB control programme, revitalisation of national TB Control Board, TB control centres in each district headquarters etc.

The Health Minister gave a brief account of the measures taken by the Health Department in providing preventive medical cover in far-off places.

He disclosed that a uniform service structure had been proposed for doctors in the province and four doctors of 18 Grade were being appointed in each districts.

Lt.-Gen S. M. Abbasi recommended in principle the Provincial Council to adopt the report of the House's Health Committee regarding "how to make preventive medicine more effective."

Summing up the deliberations by the members on the report presented by Maulana Ghulam Mustafa Qasmi, the Governor described the report as "very useful."

He, however, said the recommendations about promotion in grades would have to be carefully examined. Similarly, establishment of various institutions at the provincial and district levels, as proposed in the report, would also have to be studied in view of their financial requirements.

The Governor pointed out that maintaining proper hygienic conditions was purely a subject of the Local Bodies, and said it was the responsibility of the Public Health Engineering Department and the Local Councils that the programmes relating to maintenance of sanitary conditions, control over flies and mosquitos, maintaining cleanliness etc., were strictly implemented.

He said that considerable progress had been made in the campaign against malaria and it should continue in a more effective manner.

CSO: 5400/5929

PAKISTAN

BRIEFS

JAZBI TO BE HONORED--Islamabad, March 18--The Adviser to the President on Health and Social Welfare Prof Basharat Jazbi, left for America early Tuesday morning to attend a special investiture ceremony being organised in his honour at the Mayo Clinic (USA) on March 25. He will be formally awarded visiting Professorship at the clinic in the ENT Department. [Karachi DAWN in English 19 Mar 82 p 16]

DRUG BANK IN HOSPITAL--A new service was added for the civilian patients of the Shaukat Omar Memorial Hospital (Fauji Foundation) when a drug bank was inaugurated by Begum Gen. Rao Farman Ali Khan, Managing Director Fauji Foundation and Minister of Oil and Natural Resources. The drugs will be supplied free to poor and needy civilian patients only. At present the hospital has the facilities of out patients, in-door, dental, X-ray, laboratory and specialists facilities for ex-servicemen as well as for civilian patients. This is a unique hospital of its kind of Fauji Foundation where the civilian patients are also treated. This is in accordance with the promise that the Fauji Foundation had made to Dr. Qudsia Shaukat Omar at the time when she donated the hospital to them in 1979. [Karachi DAWN in English 23 Mar 82 p 12]

LACK OF FACILITIES LAMENTED--Pakistani scientists have succeeded in extracting compounds from various indigenous medicinal plants and folk medicines having high anti-cancer activit but they lament the lack of infra-structure facilities for manufacturing medicines from these compounds. The research works, which are being carried out under the supervision of eminent scientists Dr Salimuzzaman Siddiqui, and Prof. Ataur Rehman at H.E.J. Institute of Chemistry, University of Karachi show that there is great potential for extracting and manufacturing drugs from different herbs and medicinal plants available in the country. Some of the compounds have been granted patent while further research work is still being carried out on others. In an interview to Medical Gazette, Prof Ataur Rehman lamented that there is no pharmaceutical unit in the country, national or multi-national, which could avail of research work and because of that they have to get some of research results patented outside the country. He said that the gap between the research and manufacturing could only be filled if the pharmaceutical companies cooperate in the research work and manufacture the drugs locally. In India, a lot has been done in this direction as government has directed the pharmaceutical companis, national and multi-national to patronise the research work and to manufacture the drug locally, he added. [Karachi BUSINESS RECORDER in English 20 Mar 82 p 3]

CSO: 5400/5930

PREVENTION CAMPAIGN AGAINST HEMMORHAGIC FEVER LAUNCHED

Manila BULLETIN TODAY in English 26 Mar 82 p 23

[Text]

Dr. Evangeline G. Suva, Manila city health officer, said the Manila health department has launched a citywide campaign for the prevention and control of dengue-hemmorhagic fever, commonly known as H-fever.

H-fever is transmitted through the bite of white-spotted common house mosquitoes Aedes Aegypti, which breed in ordinary water containers such as flower vases, empty tin cans and rubber tires, barrels for storing water, gutters, etc.

Children in the age group five to nine years are most susceptible to H-fever. Aedes Aegypti is specially active during the daytime between 10 a.m. to 4 p.m. Schoolchildren are particularly vulnerable.

So far no vaccine has been developed yet for immunization against H-fever. Dr. Suva said, H-fever can only be prevented by eliminating all breeding places of Aedes Aegypti.

The campaign, which was started initially in September 1981 in all elementary schools in the city, is now being extended to residential houses in Manila.

By getting rid of all possible breeding places of the Aedes Aegypti mosquito, it is possible to prevent and control dengue-hemmorhagic fever.

Empty tin cans and the like should be properly disposed of, containers for storage of water should have tight fitting covers, cleaned and scrubbed at least every three days before filling with water. Adding one-half to one teaspoon vinegar to the water per flower vase can kill the larvae. Besides, the vinegar helps in keeping the flowers fresh.

CSO: 5400/4931

BRIEFS

DISEASES SWEEP CAMPSITE--TAGAYTAY City, March 26--Diseases stalked the campsite here of some 4,000 members of a religious sect who have clung to their belief that an earthquake-spawned end of the world would come today. A number of "Ako" members were found to be suffering from smallpox, tuberculosis, and colds, while many children have colds and were visibly malnourished. An epidemic is feared to erupt soon if medical assistance is not fully extended to the sick devotees. [Manila BULLETIN TODAY in English 26 Mar 82 p 23]

CSO: 5400/4931

BRIEFS

INCIDENCE OF TUBERCULOSIS--In Senegal, 12,000 new cases of tuberculosis are detected per year in Cap-Vert Region alone, without including patients coming from the country's interior and even from neighboring countries. [Excerpt] [Dakar LE SOLEIL in French 24 Mar 82 p 26]

CSO: 5400/5945

CHOLERA IN COLOMBO AREA

Colombo THE ISLAND in English 18 Mar 82 p 1

[Article by Lakmal Rajapakse]

[Text]

EIGHT persons have died of cholera in areas close to Ja-Ela, Kolonnawa, Peliyagoda and around the banks of the Kelani river close to Colombo, and the number of persons affected from this disease during the first two weeks of March is sixty. Seventeen people had been affected by cholera during this week alone.

This was revealed by Mr. Gamani Jayasuriya, Minister of Health at a press conference yesterday.

He said that cholera was fast spreading in the above mentioned areas and the Police had been instructed to prevent people from using water from the Kelani river.

According to Mr. Jayasuriya the health authorities had to battle for nearly two years when the cholera epidemic broke out in 1974 and all attempts should be made to prevent a recurrence of the epidemic.

This could have been prevented if they took the necessary precautions.

Whenever a case is detected the Health Dept immedietly reports back to the people of the areas concerned so that they too could be careful of themselves. The Health Ministry with the help of the Colombo Municipal Council have chlorinated almost all the wells of the affected areas.

He said that the Ministry had asked the Municipal Authorities also to ensure sanitation. Therefore he would urge all people to adhere to the simple health rules such as drinking boiled water, washing of hands well before eating, to use the toilets provided and also to keep away from eating exposed foods. Mr. Jayasuriya said that if the people wholeheartedly co-operated this situation could soon be brought under control and eliminated.

CSO: 5400/5940

SRI LANKA

CHOLERA VACCINATIONS URGED FOR TOURISTS

Colombo THE ISLAND in English 20 Mar 82 p 6

[Editorial: "To Prevent Cholera, Vaccinate Tourists"]

[Text] Cholera has reared its head again and the health authorities are naturally concerned that the epidemic should not assume grave proportions. The outbreak this time is centred on the Kelani River and the health administration has already taken precautionary measures to ensure that the epidemic will not take a heavy toll. But there is no room for complacency. It is reported that on an average 25 cases have been brought to light per week during the past few weeks and this is certainly a situation which should cause grave concern.

The Ministry of Health has renewed prevention activities and the authorities have issued a series of do's and dont's to the people. While these guidelines have to be given the widest publicity in the media this assumes particular importance in the context of the areas acutely affected by the current outbreak. The present epidemic has struck most savagely in Colombo North, which is the home of the outcasts and the outsiders living outside the pale of the charmed circle of Colombo 7 society. Since 'The Island' is a newspaper which has its editorial centre in the heart of Colombo North we are in touch with the grim realities of this Colombo nether world as no bureaucrat can be. The stark fact is that the rate-payers of this part of Colombo do not have the amenities which the residents of almost all other areas of the city have come to take for granted. To them the drain by the roadside is their toilet. It is this area of the metropolis that has been most acutely affected by the present outbreak of Cholera.

In this context the authorities must carry out their prevention efforts with fresh vigour. The disease today has spread among a people ill-equipped to face its challenge. Therefore we cannot spare any pains in the preventive efforts since we cannot sit back and complacently view the prospect of a dread disease like Cholera taking its toll of a people who are the least equipped to face up to it.

The health authorities must therefore go to the people of Colombo North and carry out an intensive campaign of propaganda about what the people themselves can do to avoid contamination

The present outbreak of Cholera has been attributed to the prevailing drought. Though it may be convenient to view this latest outbreak of the disease as an act of nature outside man's control one wonders how realistic such an assessment is.

Cholera like small pox had been eradicated from Sri Lanka until it was brought here from India by some tourists in 1974. In this context can we be satisfied with the precautionary measures adopted by the Sri Lanka authorities to prevent a fresh resurgence of this disease in the country? If the principal carriers of Cholera are passengers coming from abroad then it surely stands to reason that adequate measures have to be taken at points of entry to stem the advent of the disease? But is this so?

Some years ago passengers arriving in the country had to get themselves vaccinated against Cholera and submit a health certificate to this effect at the airport. But this requirement is no longer valid. In fact there used to be a desk at the airport manned by health officials where all incoming passengers had to submit their anti-Cholera documents. We understand that the officials religiously trek to the airport even today but no one asks for health documents. It is only a crazy officialdom mentally leading an "Alice in Wonderland" existence such as we have in Sri Lanka which could have come up with such an absurdity as this.

It is therefore necessary that the health authorities must insist that in-coming passengers must be vaccinated against Cholera. This is certainly imperative in the case of passengers coming from countries known for their high incidence of the disease. As far as we are aware not even Sri Lankans travelling to India where Cholera is very much a fact to be reckoned with have to get themselves vaccinated. This is just not good enough. The rules governing vaccination must be tightened as an act of priority. Perhaps the best example of this lethargic bureaucratic attitude is the fact that the Quarantine Department has been shifted from the prominent place near Parliament to some obscure corner of Dean's Road which very few people surely will be able to locate.

In this context Sri Lanka must necessarily take a lesson from the Maldives where Cholera has been totally eradicated. The secret is their strict quarantine regulations. The Maldives insists that every passenger except those arriving on charter flights from Europe must submit a certificate against Cholera or be inoculated in the Maldives. This is a simple precautionary measure which we too can easily adopt.

We can no longer take things easy as far as Cholera and other such virulent diseases are concerned. It does not cost us anything to insist that visitors who arrive in Sri Lanka should conform to the minimum health requirements. This is certainly imperative in the case of those who come here from countries prone to the disease.

Some have the point of view that asking visitors to take injections against Cholera will make them think they are entering a Cholera infected country! As usual, they are sitting on the point and missing the view. We would prefer to sacrifice our pride and be known as a Cholera free nation. Then the visitors will understand that our health regulations are to keep cholera out.

If we do not take these minimum precautionary measures there will be nobody to blame but ourselves.

CSO: 5400/5940

BRIEFS

CHOLERA SPREADS--Twenty four cases of cholera with one death, were reported in the M.O.H. areas of Ja-ela, Anuradhapura, Kolonnawa, Kelaniya, Colombo MC, Kopay and Mannar between February 27 and March 5. The previous week 11 cases of cholera were reported in the Kolonnawa, Colombo MC, Kekirawa, and Ja-ela areas. The total number of cases reported this year is 80 with six deaths. For the corresponding period last year, there were 134 cases with 11 deaths. According to the weekly epidemiological report issued by the Department of Health Services Colombo, there is an increase in the number of cases in the north of Colombo and in the immediate suburban MOH areas of Kolonnawa and Ja-ela. The report states that the prevailing drought was responsible for the spread of cholera. A similar pattern prevailed in 1974 when there was a major epidemic of cholera. The department requests all medical officers in charge of institutions to be vigilant and send stool specimens of any patient they suspect, is suffering from cholera. [Colombo SUN in English 15 Mar 82 p 3]

CSO: 5400/4930

BRIEFS

ANTI-RODENT DRIVE--BASSETERRE, Mon., (CANA)--Health authorities in St. Kitts-Nevis embarked today on rodent-eradication drive, especially in the capital, Basseterre, which Health Department official, James Steven, said seemed to be infested with disease-carrying rats. Health Department employees will set rat poison and use other eradication methods. [Port-of-Spain TRINIDAD GUARDIAN in English 23 Mar 82 p 5]

CSO: 5400/7536

BRIEFS

PHYSICIAN'S CHOLERA REPORT--The chief physician of Morogoro Region, Juma Uledi, announced the end of last week during a session of the cholera committee that 16 people have died from cholera in Morogoro urban and rural districts and that some 151 people have received medical treatment since cholera broke out in these districts early this year. He said that in the city of Morogoro itself 91 patients were treated and another six patients died and that in Morogoro Rural District 13 patients died from cholera and 60 patients were treated. He stated that many patients in the city of Morogoro are from Mwembesongo District. Last week there were 13 new patients in the city of Morogoro and seven from Morogoro Rural District, according to Uledi. [Dar es Salaam UHURU in Swahili 30 Mar 82 p 4]

CSO: 5400/5923

BRIEFS

CHOLERA OUTBREAK--Samut Prakan--Cholera has broken out in this province and at least five people have fallen victim to the disease, provincial public health official Dr Prakop Bunmongkhon said yesterday. Dr Prakop said the five confirmed cholera victims were suffering from a disease called "el thor inaba," a strain of cholera which had been discovered by a Japanese doctor. Dr Prakop said he had treated the five workers with the antibiotic tetracycline, and they no longer were carrying the disease. So far, he said, public health officials had given anti-cholera injections to a few thousand people in Samut Prakan Province. Dr Prakop said cholera is always prevalent in the provinces of Samut Prakan, Samut Sakhon and Samut Songkhram. [BK080851 Bangkok BANGKOK POST in English 5 Mar 82 p 5 BK]

SCHISTOSOMIASIS AMONG REFUGEES--A joint health inspection team has found schistosomiasis--a serious contagious disease--in a substantial number of Khmer refugees at the Sa Kaoeo holding centre. Dr Bunyiam Kiattiwut, who headed the community based emergency relief services, Manidon University health team, said that 74 out of 1,270 Khmer refugees examined have the disease. The health team, sponsored by the United Nations High Commissioner for Refugees, undertook a project to search for the disease at the centre from September 1 to December 31 last year. Schistosomiasis is spread by tiny tricula aperta snails which host germs from infected persons who excrete into the river where the snails are present. A type of pill, manufactured by a European company, is now available to cure the disease. But according to Dr Bunyiam, "the pills are very expensive. We have bought 1,000 of them at a cost of 40,000 baht so far." [BK170253 Bangkok BANGKOK POST in English 16 Mar 82 p 3 BK]

CSO: 5400/5937

FOOT-AND-MOUTH DISEASE TO CAUSE GREAT ECONOMIC LOSS

Copenhagen BERLINGSKE TIDENDE in Danish 24 Mar 82 p 1

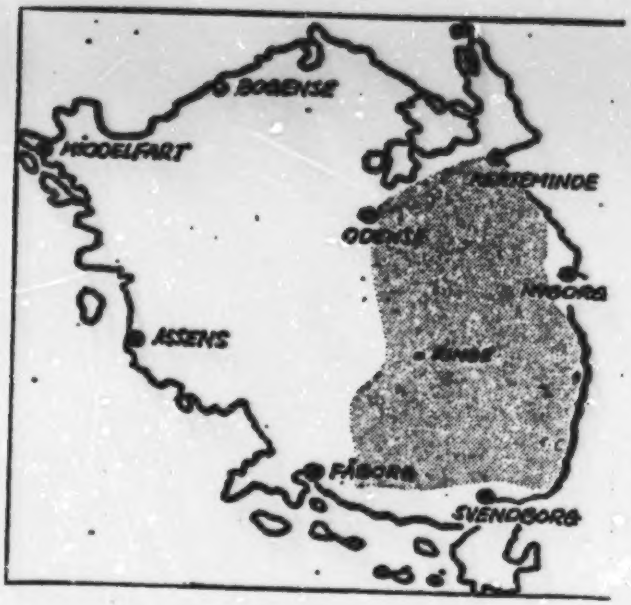
[Article by Ib Christensen]

[Text] The hoof-and-mouth disease is spreading rapidly in Funen, and there have now been a total of 5 cases. Yesterday, two additional stocks were killed at Knappendrup and at Kværndrup. Danish farmers find the situation desperate and are afraid that it will not be possible to resume the export to the United States, Canada, and Japan until 6-12 months, at the very best. An interruption of that duration will cost the agricultural sector 20 million kroner a week, or 1 billion kroner on an annual basis.

Such a loss will completely absorb the expected price increases of agricultural products which will be adopted shortly by the EC. The president of the Agricultural Council of Denmark, H. O. A. Kjeldsen, now describes the situation as desperate and requests the government to help agriculture. Incidentally, Prime Minister Anker Jørgensen stated yesterday that the negotiations on the crisis of agriculture which had collapsed, will be resumed.

The agricultural sector fears that it will take 8 years for the export to be resumed. That is the period which elapsed from the time when Denmark, in the early seventies, stopped its vaccination against the hoof-and-mouth disease, till the new major markets accepted imports of fresh meat from Denmark.

The slaugherhouses expect dismissals of slaughterhouse workers in Funen this week. Expo-Fyn has, at the slaughterhouse at Odense, had its deliveries of pigs halved. Danish Crown at Kolding (Mid-Jutland), has already dismissed 15 people as a result of the export stoppage. The only bright spot is that the other EC countries yesterday assured Denmark that they would not, on the present basis, put a stop to the import of Danish meat.


BOGENSE
MIDDELFART
KERTEMINDE
ODENSE
NYBORG
ASSENS
RINGE
FÅBORG
SVENDBORG

The map shows the part of Funen which has now been included in the area under observation

7262
CSO: 3106/87

LOK SABHA DISCUSSES DELHI RINDERPEST EPIDEMIC

Calcutta THE STATESMAN in English 18 Mar 82 p 9

[Text]

NEW DELHI, March 17. — The Agriculture Minister, Mr Rao Birendra Singh, admitted in the Lok Sabha today that over 950 cattle had died due to rinderpest in the Union Territory of Delhi. He, however, denied—not very convincingly—that the deaths had been due to injection of substandard anti-rinderpest vaccine, as reported in the Press.

Speaking in a call-attention discussion on the subject, he said no such vaccine was issued after its expiry period. Almost in the same breath, he admitted that there had, indeed, been instances of repeated vaccination of the same cattle, even as many as five times.

Mr Eduardo Felero (C-I), who raised the issue with great concern and asked for a thorough inquiry into it, was at one stage even told--brusquely, it seemed to the viewer that he might visit the various spots involved and see for himself. However, a little later, the Minister added that he had "no objection" to sending "my officers" to the various camps—apparently the ones where the rinderpest epidemic had broken out.

The matter was raised by Mr Felero and four others on a motion on "the reported death of about 5.000 milch cattle due to injection of substandard vaccine against rinderpest supplied by the Indian Veterinary Research Institute, Izatnagar, Bareilly".

Mr Felero, who was concerned as much about the damage to the country's image by this as he was about the economic ruin caused to the average farmer by the loss of even one milch cow, stated that the vaccine seemed to be substandard, that there seemed to have been gross inefficiency "from top to bottom" in the concerned department of the Delhi Administration, and that there appeared to be a strong case for a thorough inquiry, with the vaccine ampoules and the related registers seized immediately. The Agriculture Minister's reply was a more or less flat denial of the charges implied in what the members said, and a far from convincing claim of brisk official action resulting in the control of the epidemic.

The vaccine injected into the suffering animals, he claimed, did conform to the prescribed standards. Then he quickly added that "it is just possible" that something happened to it while in transit, disturbing the vacuum in the ampoules and discolouring the vaccine. He said that that kind of vaccine "ought not have been" used at all for injection, and that that was an "elementary" precaution.

Mr Rao Birendra Singh's statement in response to the call-attention motion was a long defence of officialdom. he said the outbreak of rinderpest was reported in the Union Territory in late September. The affected areas were visited by various officers, and instructions were issued "on the spot". Further official meeting had followed. A "task force" was constituted to suggest short-term and long-term measures to control the disease. Suggestions were also given "regarding the sanitary disposal of the carcasses". And the Chief Secretary, Delhi Administration, acknowledged the "valuable advice and suggestions" rendered by the Central Government officials. He also said that 60,000 vaccinations had been carried out till December 22 against rinderpest.

Mr Singh said: "I would like to inform that the Indian Veterinary Research Institute is the premier research institute in the country conducting research on various aspects of livestock health and production. The division of biological products of IVRI is producing a number of vaccines against important livestock diseases and one of them is tissue culture vaccine against rinderpest.

"The institute had supplied 140,250 doses of tissue culture rinderpest vaccine between December 22, 1981 and January 1, 1982 to the Delhi Administration. All the batches of vaccine supplied were well within the effective period of utilization and had been subjected to safety tests before issue. Therefore, to say that the vaccine against rinderpest supplied by the IVRI was substandard is not correct".

Mr Singh said the head of the division of virology of the IVRI had visited the site of the rinderpest outbreaks. "According to his report, the vaccines, both goat tissue vaccine and tissue culture vaccine, supplied to Delhi Administration did conform to the prescribed standards. He had further observed that the proof of the efficacy of the tissue culture vaccine of IVRI lies in the control of rinderpest outbreaks in Gharoli dairy colony under the Delhi Administration".

CSO: 5400/7055

BRIEFS

BLACKLEG DISEASE--[Passage omitted on symptoms of disease]. Treatment: Blackleg disease can be treated with the injection of 150 to 200 ml of antiserum or 3 million units [as heard] of penicillin, (bipenicillin) and (extencillin) for one head of cattle or buffalo weighing 300 ks. Preventive measures: In order to prevent the blackleg disease from plagueing bovines, we must vaccinate them. A dose of 2 to 5 ml of a vaccine called [name indistinct] is to be given to a head of cattle or buffalo. In addition to this preventive method, the following sanitary measures must be observed: during outbreaks, a strick quarantine must be enforced. Only animals which have been vaccinated for 15 to 21 days may be allowed to move around. Any other animals which are not yet affected by the disease and which are in the affected area must be vaccinated without delay. The sick animals must be separated from the rest and undergo treatment if possible. The carcasses of those which have died from this disease must be incinerated or buried no less than 2 meters deep. The graves must be splashed with a layer of quicklime or sprinkled with grezil water [a kind of antiseptic solution]. It is absolutely forbidden to carry fresh or dry meat from one place to another in an affected region before the disease is completely wiped out. [Excerpt] [BK271050 Phnom Penh Domestic Service in Cambodian 1100 GMT 26 Feb 82]

CSO: 5400/5937

BRIEFS

HOG CHOLERA--As of yesterday, it is forbidden to send hogs or pork products or subproducts to the northern or central departments. Two quarantines posts have also been established against hog cholera, one in Managua and the other in Matagalpa. These measures have been adopted to keep hog cholera out of the northern and central departments. Violators will be heavily fined. [PA051550 Managua Sistema Sandinista Television Network in Spanish 0200 GMT [date not given] Apr 82]

CSO: 5400/2125

BRIEFS

LACK OF RABIES VACCINE--The Government has no money to buy rabies vaccine, Agriculture and Water Development Minister of State Mr Noah Dilamonu said in Lusaka yesterday. Funds allocated for buying rabies vaccine last year had been re-directed to buy cattle vaccine to help control foot and mouth disease which has hit parts of Southern Province. But Mr Dilamonu assured dog owners that money to buy vaccine would be released by the Ministry of Finance. The minister, who described the shortage of the vaccine as "temporary", said his ministry was doing everything possible to get more funds for the vaccine. And veterinary officers were continuing with inspection and vaccination of cattle in Southern Province to control the foot and mouth disease, Mr Dilamonu said. [Text] [Lusaka TIMES OF ZAMBIA in English 22 Mar 82 p 1]

CSO: 5400/5934

SOWING, TRANSPLANTING, RICE INFESTATION SPREAD REPORTED

Hanoi NHAN DAN in Vietnamese 11 Mar 82 p 1

[Article: "Nationwide, Sowing-Transplanting Reaches 92.4 Percent of Planned Area; Infestation Spreads; Must Prevent, Control Pests, Properly Nurse Transplanted Rice"]

[Text] According to the Statistics General Department and the Ministry of Agriculture, as of 5 March 1982 sowing and transplanting have been completed on 1,533,000 hectares of 5th-month spring rice, covering 92.4 percent of planned area. The northern delta provinces achieved over 94 percent while the southern provinces reached 89.7 percent of plan. Nearly 70,000 hectares of early 5th-month spring rice in Long An and Tien Giang have been harvested, showing a good yield ranging from 25 to 29 quintals per hectare.

In recent days, due to warm weather, the northern provinces have concentrated on fighting drought, producing more seedlings and creating all conditions necessary for transplanting the entire area. Rice has grown on target, especially the first batch of 5th-month spring rice. The localities have actively begun to nurse, fertilize and protect the transplanted rice. In the north, as a result of proper attention, better results have been achieved through weeding than in previous years. As of 5 March, over 530,000 hectares of rice have been weeded for the first time--including over 160,000 hectares weeded twice. The volume of organic and chemical fertilizers applied has increased, as compared with the same period last year--stable manure averaging nearly 5 tons per hectare, nitrate fertilizer averaging nearly 80 kg per hectare. However, these quantities have not yet met the requirements of intensive cultivation.

It should be noted that infestation has spread, rapidly adding more affected areas to both north and south. Between 25 February and 5 March, the infested rice area in the north had grown from 22,000 to 35,000 hectares; the corresponding figures for the south are 90,000 and 120,000 hectares. In the Mekong River Delta, rice blast has spread on a large scale, affecting 6,000 hectares in An Giang, 3,400 hectares in Tien Giang, etc. In Phu Khanh, army worms are threatening the rice. The Ministry of Agriculture has supplied 135 tons of insecticide to the hardest hit provinces, including An Giang, Dong Thap, Tien Giang, Hau Giang, etc., to help them promptly prevent and control pests.

The Ministry of Agriculture has reminded the localities that: In the days to come, northern farmers must actively weed, apply additional fertilizers, prevent and fight drought, prevent and control pests, nurse and protect transplanted rice; speed up sowing and transplanting vegetables, subsidiary crops, industrial crops, especially those still on schedule, such as corn, manioc, soybeans, sugarcane, jute, etc. Southern farmers must properly nurse the winter-spring rice, pay attention to preventing and fighting pests; properly harvest ripe early 5th-month spring rice; store seeds and actively prepare for tilling for the next season.

9213
CSO: 5400/5923

BRIEFS

RICE BLAST DAMAGE--Rice blast has damaged rice in many places in the Provinces of Nghe Tinh, Thai Binh, etc. In a number of places, the pest has affected over 20 percent of the planted area and 50 percent of rice leaves. In the future, it may cause more severe damage. The localities must actively detect, prevent and control the pest in accordance with guided measures, so as to protect the rice. [Text] [Hanoi NHAN DAN in Vietnamese 10 Mar 82 p 4] 9213

CSO: 5400/5923

END

JPRS 80746

6 May 1982

Worldwide Report

EPIDEMIOLOGY

No. 277

FBIS FOREIGN BROADCAST INFORMATION SERVICE

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6 May 1982

WORLDWIDE REPORT

EPIDEMIOLOGY

No. 277

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FOREIGN RESEARCH, LACK OF FUNDS DRAINING WEST AUSTRALIAN DOCTORS

Perth THE WEST AUSTRALIAN in English 4 Mar 82 p 29

[Article by Catherine Martin]

[Text]

Some of WA's most talented medical graduates are being lost to overseas research institutes, according to a kidney consultant.

Dr Barry Saker blamed the exodus on insufficient funds to set up research projects in WA.

People gave generously to an appeal to send a patient overseas for treatment and for equipment to help a patient at home—but it was hard to touch their hearts and convince them of the value of contributing to medical research, he said.

Dr Saker, a consultant nephrologist at Royal Perth Hospital and a member of the Australian Kidney Foundation, was speaking at a fund-raising dinner.

He said that WA should capitalise on its natural resources other than minerals—the expertise of its highly qualified medical graduates—rather than let them slip through the fingers.

About 9 per cent of the 508 graduates of the WA University medical school from 1957 to 1971 were now overseas—apparently permanently.

DEGREES

At least half of them had higher degrees and were working in research.

"There is little doubt that they would have liked to stay in Perth had there been equal research facilities here," Dr Saker said.

"It is essential that we keep our graduates and their expertise here.

"We have medical problems unique to our geographical region which do not necessarilly attract overseas research workers.

"We need to have our own research scientists who are living here and who are interested in the special problems of WA."

Dr Saker said it was a mistake to take the view that there was no point in undertaking research in WA when it could be done so well overseas at no cost to the State.

"The introduction to the patient of new developments in medicine was much more rapid when the research resulting in those developments was of local origin," he said.

This was demonstrated by the research being done in Perth on the constant-infusion insulin pump for certain diabetics.

It dispensed insulin into the body in much the same way that the body manufactured it, giving improved control of the condition, with the possibility of preventing, or even reversing, some of the complications such as kidney failure and blindness.

"If you have to wait for someone to go overseas, study a new technique or development such as this and then return to Perth to introduce it here, you may have to wait for years," Dr Saker said.

Centres of research excellence in WA would attract overseas specialists who might not otherwise come.

EXCELLENT

Dr Saker said excellent research was going on in WA, but the funding was inadequte.

In relation to kidney disease, research was being done on kidney stones, transplant rejection, hypertension and the immunological aspects of kidney disease.

Research costs were escalating and WA requests to the Australian Kidney Foundaition had generally resulted in grants of only 30 to 50 per cent of that requested.

Young scientists with the talent and desire to engage in research were in a Catch 22 situation—they could not attract funds till they had done some research but without funds they could not get started.

CSO: 5400/7540

BRIEFS

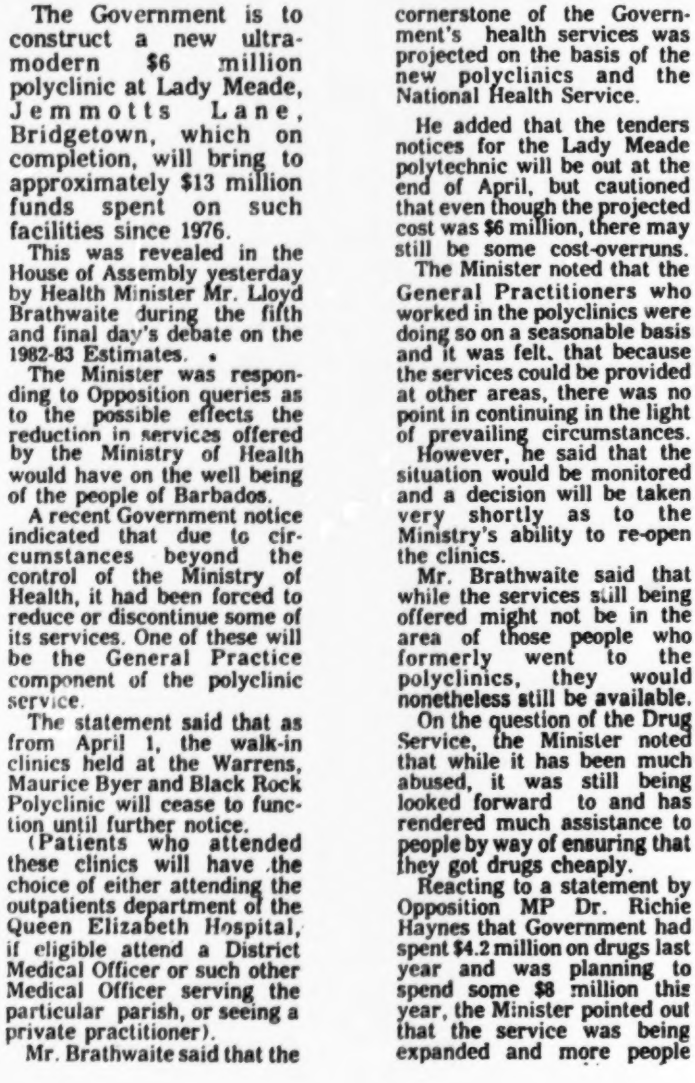
MENINGITIS AMOEBA--The organism that causes amoebic meningitis, Naegleria fowleri amoeba, has been found in the main water-reticulation system at York. The Minister for Health, Mr Yough, said yesterday that there was no reason for alarm because the water supply had since been treated. The Naegleria fowleri had been isolated after the State Health Laboratory tested a routine sample from the Glebe Street Bridge at York on January 11. The Naegleria organism, now known to be Naegleria fowleri, was isolated on January 19 and the Public Works Department took immediate action to further chlorinate the water system. Further testing isolated Naegleri fowleri on February 26. The Public Works Department had used a portable chlorinator to treat the Northam-York reticulation line. The unit had broken down after several days but appeared to have done its job because subsequent tests were satisfactory. The reservoir at York was then bulk-dozed with chlorine. Water from Mundaring was covered all the way to York where an open service reservoir was being roofed this financial year. Water was chlorinated before leaving Mundaring weir. [Perth THE WEST AUSTRALIAN in English 3 Mar 82 p 35]

CSO: 5400/7540

BUDGET DEBATE INCLUDES REVIEW OF NATION'S HEALTH SERVICES

Bridgetown ADVOCATE-NEWS in English 27 Mar 82 p 1

[Text]



The Government is to construct a new ultra-modern $6 million polyclinic at Lady Meade, Jemmotts Lane, Bridgetown, which on completion, will bring to approximately $13 million funds spent on such facilities since 1976.

This was revealed in the House of Assembly yesterday by Health Minister Mr. Lloyd Brathwaite during the fifth and final day's debate on the 1982-83 Estimates.

The Minister was responding to Opposition queries as to the possible effects the reduction in services offered by the Ministry of Health would have on the well being of the people of Barbados.

A recent Government notice indicated that due to circumstances beyond the control of the Ministry of Health, it had been forced to reduce or discontinue some of its services. One of these will be the General Practice component of the polyclinic service.

The statement said that as from April 1, the walk-in clinics held at the Warrens, Maurice Byer and Black Rock Polyclinic will cease to function until further notice.

(Patients who attended these clinics will have the choice of either attending the outpatients department of the Queen Elizabeth Hospital, if eligible attend a District Medical Officer or such other Medical Officer serving the particular parish, or seeing a private practitioner).

Mr. Brathwaite said that the cornerstone of the Government's health services was projected on the basis of the new polyclinics and the National Health Service.

He added that the tenders notices for the Lady Meade polytechnic will be out at the end of April, but cautioned that even though the projected cost was $6 million, there may still be some cost-overruns.

The Minister noted that the General Practitioners who worked in the polyclinics were doing so on a seasonable basis and it was felt, that because the services could be provided at other areas, there was no point in continuing in the light of prevailing circumstances.

However, he said that the situation would be monitored and a decision will be taken very shortly as to the Ministry's ability to re-open the clinics.

Mr. Brathwaite said that while the services still being offered might not be in the area of those people who formerly went to the polyclinics, they would nonetheless still be available.

On the question of the Drug Service, the Minister noted that while it has been much abused, it was still being looked forward to and has rendered much assistance to people by way of ensuring that they got drugs cheaply.

Reacting to a statement by Opposition MP Dr. Richie Haynes that Government had spent $4.2 million on drugs last year and was planning to spend some $8 million this year, the Minister pointed out that the service was being expanded and more people were making use of it, so that the cost would, of necessity, be increased in addition to the factor of worldwide inflation.

But, he added, the Government has tried its best to see how it could relieve the poor and suffering as far as medical care was concerned.

Turning to the Queen Elizabeth Hospital, Mr. Brathwaite said that in this time of stress and strain on the country's economy, the Government had to cut out all waste and fat and there must be no more joy-riding. He said everyone was concerned with patient care and Government must therefore have adequate manpower to provide that care.

He disclosed that in April of 1976, there were some 923 persons on the established staff of the QEH, 90 on the unestablished staff, 326 on the temporary staff and 25 casuals for a total of 1 364. At the end of April, this year, he said, there will be 1040 on the established staff (an increase of 117) 284 on the temporary staff and 25 and 90 on the casual and unestablished staff, for a total of 1 439.

Yet, he noted, people would cry out about there being no service.

Mr. Brathwaite noted that there had been some talk about getting General Practitioners to carry out the services and people had queried the fact that Government had turned to non-nationals, whom they charged could not relate to local conditions.

He said he did not find that to be so, pointing out that some of the more significant contributions had come from non-nationls, citing Dr. Vaughn Wells for his contribution to preventative medicine and Dr. Rao for his work on leprosy and tuberculosis.

The Minister wondered whether Barbados was so rich in talent that it could afford to exclude people who could offer assistance. There was no question of barriers among men, he declared.

He acknowledged that it was difficult to get doctors to work in public health and disclosed that the Ministry would soon be offering scholarships to people interested and willing to come back to Barbados to work since the country was badly in need of this type of service.

CSO: 5400/7539

BRIEFS

ACCORD WITH FRANCE FOR VACCINE--Brasilia--Health Minister Waldyr Arcoverde yesterday approved two projects of FIOCRUZ (Oswaldo Cruz Foundation), one for an association with the French Merrieux Foundation for research and development of biological-immunological products (vaccines and reagents for laboratory tests), and a project to strengthen the National Institute for Health Quality and Control; by the end of the year, the institute should be transformed into the sole national center for health vigilance and quality control of drugs, medicines and foodstuffs. According to Guilardo Martins Alves, president of FIOCRUZ, the first project is within the framework of the agreement signed by President Figueiredo with the French Government last year during his stay in that country. In a meeting yesterday in Brasilia, the projects to be developed by the foundation in cooperation with France were discussed in detail, along with other activities that should be initiated in the first half of this year, such as the exchange of technicians for training and other technicians for research in yellow jaundice, infectious diarrhea, parasitic immunology and medical micology. The second project approved yesterday by the health minister, to be developed with the support of the UNDP, WHO and the Pan American Health Organization at a cost of about 220 million cruzeiros, is for the training of technicians and the acquisition of the equipment needed at present. [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 30 Mar 82 p 16] 6362

YELLOW FEVER FOCI ON BORDER--A focus of Aedes aegypti mosquitoes, carriers of urban yellow fever, has been detected by SUCAN [Superintendency of Public Health Campaigns] of the Ministry of Health, in Ponta Pora [Mato Grosso do Sul), on the Brazilian border with Paraguay. The focus increases the risk of the spread of the Haemagogus mosquito, the transmitter of jungle yellow fever. Health Ministry technicians say SUCAM's "great concern" with the problem is justified, noting that for the first time since the elimination of the Aedes in Brazil in 1955, the mosquito is being introduced through the areas of endemic jungle yellow fever. Infection from an Aedes could mean the outbreak of an epidemic of the urban form of the disease, which is fatal in 90 percent of the cases and is difficult to control once it is established. Technician Elizio Cruz was sent to Campo Grande this week to begin training personnel at the SUCAM Regional Office, which should immediately begin operations to combat the mosquito. On the other side of the border, Paraguayan technicians assure that the battle against the Aedes will begin "right away." Action to eradicate the mosquito from the region must necessarily be conducted on both sides of the border if it is to be entirely effective. Regarding the jungle yellow fever epidemic that occurred in the last two months in Mato Grosso do Sul, the technicians report that it is under control, with 10 confirmed cases. They also report that a case of the disease has been confirmed in Cuiaba, Mato Grosso, where the Maemagogus is widespread. [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 30 Mar 82 p 16] 6362

SCHISTOSOMIASIS IN VALE DO PARAIBA--About 90 percent of the cases of autochthonous schistosomiasis (the beginning of the cycle of local transmission) in Sao Paulo State are concentrated in the Vale do Paraiba, it was reported yesterday by Antonio Guilherme de Souza, regional director of SUCEN (Superintendency for Control of Endemic Diseases). He added that last year, with the intensification of the campaign indiciated by SUCEN against the disease in 1978, there were 83,000 fecal examinations in the Vale region, confirming 3,000 cases of schistosomiasis in a population of 1 million. In Greater Sao Paulo, SUCEN director George Ishihata confirmed the "theoretical estimates reached at the end of 1981, using 1980 data and based on the 1970 census, of 300,000 carriers of the disease." Regarding this figure, Eliseu Alves Waldman, director of the SUCEN Division of Technical Orientation, said that about 90 percent of the cases are "individuals who contracted schistosomiasis in other states" (Minas Gerais and the Northeast). The greatest number, about 94 percent, are migrants from Minas Gerais, Bahia, Sergipe, Pernambuco and Alagoas, registered through surveys conducted by the Secretariat of Health, which detected that 98 percent of the cases are asymptomatic, that they have never been in the city of Sao Paulo and that they are still carrying the disease. For this reason, and for want of a better organization (although there is already a study in the Civil Office to expand the staff of SUCEN), Ishihata said that the agency would continue to maintain the same stance as in 1978, which is prevention of this disease and others such as malaria, encephalitis, Leishmaniasis and Chagas disease. To this end, he asks official and private agencies to be on the lookout for schistosomiasis carriers and to assume responsibility for their treatment, since SUCEN's aim is to decentralize diagnosis and treatment. [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 18 Mar 82 p 20] 6362

MENINGITIS IN CAMPINAS DENIED--Health Minister Waldyr Arcoverde guaranteed yesterday in Porto Alegre that the meningitis cases in Campinas are not characteristic of an epidemic. Calling the cases "isolated," he said that there is no need for supplementary vaccination, since most of the cases are not meningococcic. This is also the position of the Regional Department of Health, headquartered in Campinas, although the residents are still worried about any symptom typical of the disease and have been seeking out the health centers more often. According to Denir Zamariolli, director of the department, 97 cases were reported in the region in January and February; one of the cases was meningococcic, verified in a child in a nursery on the outskirts of the city. Zamariolli admitted that the residents are alarmed at the death, but he argued that last year there were 124 cases in the same period, and in 1980 there were 115--hence a smaller [sic] incidence than this year. In Campinas there were 44 cases in January and February, with similar figures for prior years: 59 in 1981 and 43 in 1980. Considering these figures, Zamariolli said he felt that "this year, the occurrence of the "various diagnoses of meningitis is not increasing, but regressing." For this reason, he explained, "we are not concerned." [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 8 Apr 82 p 12] 6362

HEPATITIS IN SANTA BRANCA--Jacarei--The residents of Santa Branca, a city of 15,000 inhabitants located in Vale do Paraiba, are concerned about the lack of information from the authorities on the cause of the hepatitis epidemic in the municipio, where 29 cases have already been reported. Ivens Telles Alves, regional director of CETESB [Basic Sanitation Technology Company] in Taubate, denies that polluted water is causing the outbreak and that the water treatment plant is not functioning properly. However, his statements are in conflict with the results of analyses conducted by CETESB in January, which verified the presence of domestic sewage in the water system. The same analysis blames the water treatment plant, indicating that it is overburdened; Mayor Jose Wuo, who earlier denied the existence of a hepatitis epidemic, acknowledges the inadequacy of the sewer system, but says the prefecture is not in a position to build it. Although Telles denies that the water is unfit for consumption, Augusto Celso Branco, director of the Sao Jose dos Campos Health District, asked CETESBA to examine the water again at the beginning of March and has not yet been informed of the results. CETESB is now awaiting the results of the survey of all hepatitis cases being conducted by the health center to attempt to identify the cause of the epidemic. [Text] [Sao Paulo O ESTADO DE SAO PAULO in Porguguese 8 Apr 82 p 12] 6362

CONJUNCTIVITIS IN NATAL--Natal--The Rio Grande do Norte Health Secretariat has admitted there is an acute contagious conjunctivitis epidemic in Natal. The disease is benign and lasts for an average of five days, affecting children and adults alike. An ophthalmologist said he was treating an average of eight cases per day. The Health Secretariat said it has not established a quarantine because not enough cases have been detected to justify such a control. Last year Natal had a conjunctivitis epidemic necessitating health barriers on the borders with Paraiba and Ceara. [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 8 Apr 82 p 12] 6362

DIPTHERIA IN SANTA CATARINA--Florianopolis--The number of children admitted to Florianopolis hospitals with diptheria has risen to 21; one of the children is in the intensive care unit of the Joana de Gusmao Children's Hospital because of cardiac complications and his condition has inspired cautionary measures. Some 14 of the children are patients in the isolation ward of the children's hospital and the others have been admitted to the Nereu Ramos Hospital, which specializes in contagious diseases. Three children had already died of diptheria, but no deaths have been registered since then. [Sentence as published.] Because of the epidemic, the Santa Catarina Local Department of Public Health has intensified the vaccination campaign in the four municipios where the cases are occurring. (Florianopolis, Sao Jose, Palhoca and Biguacu), and is offering guidelines for parents of the sick children. During Holy Week, only the health posts spread over the Greater Florianopolis area will remain open. According to physicians, if diptheria is not treated promptly, or when it attacks the heart or the respiratory passages, it causes asphyxia and death. [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 8 Apr 82 p 12] 6362

MORE MALARIA CASES IN PARA--Manaus--The increase in malaria cases is causing serious problems for Itaituba Municipio in Para. According to a memorandum drafted by the Rural Union and signed by several local officials, the disease is killing settlers along the Trans-Amazon and Santarem-Cuiaba highways. It is attacking children primarily, and this is causing an almost 50 percent dropout and failure rate among children in the area schools. The memorandum, which will be delivered on Monday to the health minister in Brasilia, states that "the high mortality rate" from malaria is caused "by the total lack of prevention and care, aggravated by the enormous distances and the fact that part of the population is unfamiliar with typical local diseases." The memorandum adds that these problems are the result of the constant flow of new settlers and also to the presence of the gold miners (Itaituba is the country's biggest gold producer), which is jeopardizing the settlement of a region "which, because of its size, fertility and economic characteristics, offers a promising future to those who settle here." The undersigners of the petition affirm that the local SUCAM [Superintendency of Public Health Campaigns] is not in a position to handle the problem, "lacking organization, vehicles, medicines, personnel, etc." For this reason, although the document was presented yesterday to the coordinating office of SUCAM in Belem, the union leaders are also giving a copy to Minister Waldyr Arcoverde. [Text] [Sao Paulo O ESTADO DE SAO PAULO in Porguguese 3 Apr 82 p 14] 6362

FUNDS FOR DISEASE CONTROL--Yesterday in Brasilia, Health Minister Waldyr Arcoverde signed agreements with Gil Maciera, president of the Federal Savings Bank, providing for 1.65 billion cruzeiros to fund programs for malaria control (5-0 million cruzeiros), food supplements for pregnant women, nursing mothers and children (1 billion cruzeiros) and control of contagious diseases (150 million cruzeiros). Today, a year after the financial appeal was made, the sum granted to the Health Ministry actually represents at least 100 percent more, in terms of the inflation rates announced by the government itself. In addition to being applied to several programs, the funds will not be released immediately and not all at one time; the bank should release them in three parcels, and the health minister must give an accounting of the money which has been spent in order to receive the next parcel. [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 17 Mar 82 p 3] 6362

CSO: 5400/2127

BRIEFS

HEALTH SITUATION OF CONCERN--The health situation in Chad is of considerable concern. The minister of public health has once more rung the alarm bell. He informed the public in a communique "that today medicines are no longer to be found in the ministry's depots." The stock of medicines bestowed on this ministry, the communique stressed, are exhausted. This situation is all the more disturbing because it does not permit the Ministry of Public Health to face the epidemics of measles, meningitis and tuberculosis which are raging in the country. [Text] [Ndjamena INFO TCHAD in French 25 Mar 82 p 2]

CSO: 5400/5944

ADVANCES MADE IN STRUGGLE AGAINST TUBERCULOSIS

Santiago EL MERCURIO in Spanish 25 Mar 82 p C 5

[Text] "No one would have dared to say that the humble doctor from Langenhagen, worn out with his daily round of visiting patients to make a modest living, would have the glory of discovering the tuberculosis germ, one of the most fearful scourges of mankind."

So says a biography of the German bacteriologist Robert Koch, who--a century ago yesterday--discovered the bacillus that causes tuberculosis.

At the present time, thanks to scientific developments, this disease can be prevented and cured in the majority of cases, although it continues to be a common and dangerous illness, according to statistics.

In 90 percent of the cases, tuberculosis is transmitted by germs that float in the air from the phlegm and cough of persons who have the disease.

This disease particularly affects infants and children living under unhealthful conditions, malnourished, living in small rooms, and especially when they live with someone who has tuberculosis.

Despite the fact that this disease can be fought effectively with antibiotics, it still claims victims, mostly due to lack of prevention or timely diagnosis, because the public is unaware of the problem, according to Chilean doctors.

Lack of Awareness

Our country also commemorated the discovery of Koch's bacillus in a ceremony yesterday at San Jose Hospital, Santiago, with the participation of the director of the TBC program for the northern area, Felicindo Mendoza; the assistant director of the hospital, Luciano Yerkovic; director of the University of Chile teaching department in that hospital, Jaime Perez; and other well-known lung specialists.

Mendoza noted that although the tuberculosis rate in Chile has dropped from 220 cases per 100,000 inhabitants in 1948, to 12.8 in 1981, "this disease could cease to be a problem in less than 20 years if proper techniques are used in time."

Julio Velasco, head of the TBC program of the Western Area Metropolitan Health Service, indicated that "compared to other Latin American countries like Bolivia, Peru, or Haiti, our country is in good shape relative to tuberculosis. Nevertheless, there is still a high mortality rate, above all among middle-aged adults, because they do not get help in time for a diagnosis to be made."

Continuing, Velasco stated that "the means of diagnosis are within the reach of everyone, because of their low cost. And treatment is now more effective and shorter-term, for a nearly 100 percent cure can be achieved in only 7 months."

Cases in Chile Annually

Nevertheless, about 7,000 cases of tuberculosis crop up annually, as in 1981, according to Maria Teresa Valenzuela, head of the TBC section of the Public Health Institute, "because people are unaware that care is free and because of a lack of organization on the health services level." More important than an information campaign, she added, would be better observance of the standards of the TBC program in the country.

Those standards, explained Pedro Valenzuela, the program's advisor in the Ministry of Health, "refer to prevention as much as to diagnosis and treatment, and they are not being adequately met, especially regarding diagnosis. This situation is aggravated by a lack of awareness on the part of some patients, who discontinue treatment."

8587
CSO: 5400/2123

BRIEFS

POLIO OUTBREAK--San Pedro De Macoris--New cases of polio have been reported by the St Georges hospital in northern Macoris. Doctors from this hospital have indicated that a child brought in from the rural area of Macoris had polio symptoms and died. Several physicians have charged the government with negligence for having failed to fulfill its obligations with the World Health Organization which in turn made it impossible to acquire the anti-polio vaccine. [FL201400 Santo Domingo Radio Mil Network in Spanish 1000 GMT 20 Apr 82 FL]

CSO: 5400/2137

BRIEFS

HIGH INCIDENCE OF HEPATITIS--Last Saturday the Greek team of the International Association for Infectious Disease Research organized a meeting to discuss the goals and breadth of the vaccination campaign against hepatitis B. The meeting was coordinated by Professor G. Papaevangelou, who stressed that hepatitis B fulfills all the conditions to be declared a public health problem with high priority in the field of direct intervention on a nationwide basis. Contributing to this are the degree of severity of the disease, which has a 1-2 percent mortality rate, its especially high incidence in our country compared to the rest of the European countries, and the fact that it often becomes a chronic problem, which can result in cirrhosis and cancer of the liver. Later the administrator of the pathology clinic of the Infectious Diseases Hospital, N. Tassopoulos, refereed to recent data about the disease. It is known that about 50 percent of the Greek population is affected by the virus, which is thus responsible for the great majority of chronic liver diseases. [Excerpts] [Athens ELEVTHEROS KOSMOS in Greek 6 Apr 82 p 7]

CSO: 5400/3322

BRIEFS

KALA-AZAR STUDY--New Delhi, 2 Apr (AFP)--The reemergence of kala-azar (brain fever) in India in recent years is related to an abnormal rise in the sandfly population, a study has concluded. About 4,000 people lost their lives in the northeastern Bihar State in 1977, from among an estimated 100,000 affected by the disease. Dr A.N.T. Joseph of the state-run Zoological Survey of India, noted in his report, made after a 2-year study, that the discontinuation of insecticides had led to an alarming increase in the sandfly population during the past few years. The PRESS TRUST OF INDIA (PTI), in a dispatch from Calcutta, quoted Dr Joseph as saying that the sandfly population had increased by 30.47 percent in 1979-80 over the previous year and had further shot up to 38.42 percent in 1980-81 in the 4 worst-hit Bihar districts of Muzzafarpur, Darbhanga, Sitamari and Samastipur. [Text] [BK020839 Hong Kong AFP in English 0805 GMT 2 Apr 82]

CSO: 5400/7062

BRIEFS

GASTROENTERITIS IN SERANG BANTEN--Thirty persons have died from gastroenteritis in Serang Banten Regency, and 14 others are under treatment. The disease is spreading in the Sondol, Pasirjengkol, Gandu and Haruyan areas. Most victims are young women, or children between 9 and 11. The disease is caused by polluted water. The majority of the victims used water from the river, and not from a well. [Excerpts] [Jakarta MERDEKA in Indonesian 8 Mar 82 p 1] 9197

RABIES INFECTED AREAS--According to Dr Helmi Djafar of the North Sumatra Department of Health, North Sumatra is the area most severely affected by rabies, followed by West Java, North Sulawesi and West Sumatra. During 1981 and January 1982, a total of 3,273 rabid animals inflicted 3,479 bites on humans, killing five of them. The only Class II area free of rabies was Nias. [Excerpt] [Jakarta PELITA in Indonesian 8 Mar 82 p 3] 9197

CSO: 5400/8418

DOCTORS SEEK REDRESS OF DRUG, MEDICAL SUPPLIES SHORTAGES

Kingston THE DAILY GLEANER in English 2 Apr 82 p 1

[Text]

CONCERN ABOUT the "chronic shortage of drugs and medical supplies" in Government hospitals as well as the continuing crisis in the private sector has been expressed by the Junior Doctors Association.

The Association has called for the implementation of a "total and efficient drug supply and distribution system, including the computerisation of the Island Medical Stores", and adequate allocation of foreign exchange to the private sector for drugs.

A statement by the Association said that at this time there was "a critical and widespread" shortage of Digoxin, a heart drug for which there was no substitute. Kingston Public and Port Antonio Hospitals are very short while Spanish Town, Lucea, Spaldings, and Savanna-la-Mar Hospitals are without this drug.

There is no Ascabiol or Lorexane for scabes at the Bustamante Children's, Port Antonio, Lucea and Kingston Public hospitals. At the Kingston Public, Spanish Town, Lucea, Linstead. Cornwall and Port Antonio hospitals, there is no Flagyl, and in four hospitals no Nystatin, both of which are used for vaginal infections.

TWO DRUGS FOR MENTAL PATENTS Lithium and Haloperidol, are not available at the Cornwall Regional Hospital, while second-line antibiotics such as Gentamycin and Cleocin are not available at Kingston Public and Cornwall Regional.

Commonly-used pain-killer such as Baralgin and Buscopan are absent at nearly all the rural hospitals mentioned. Special drugs like Thyroxine and Cytomel for goitre patients are rarely available. Numerous other drugs were short or absent, the Associations said.

Basic items like bandages and dressings have been chronically short or absent in hospitals and health centres.

The Association said that the shortage in the private sector had created and additional drain on the already difficult situation in the public sector, as private patients were forced to get their medication from this section. It also stated that the drug problem was a long-standing one and one for which an effective solution must be found.

The J.D.A. said it had pressed for many years for fundamental reforms to the drug ordering and delivery system to ensure an uninterrupted and reliable flow of drugs to the public sector and to grant adequate licences to the private sector.

Some recommendations had already resulted in improvement of the infrastructure of the Island Medical Stores, but the Association was now calling for the full implementation without further delay of "a total and efficient drug supply and distribution system".

"Drug supplies to the sick for the preservation of life or relief of suffering must take top priority in the allocation of resources and the J.D.A. calls on the Minister of Health to ensure that this is the case", the release said.

[Editor's Note: THE DAILY GLEANER in English on 3 April 1982, page 1, reports that "DR. KENNETH BAUGH, the Minister of Health, has described the Junior Doctors Association statement on the shortage of drugs and medical supplies in Government institutions as 'inaccurate and misleading.'

"Dr. Baugh said yesterday that the statement with reference to the 16 items was misleading in that the Island Medical Stores had adequate supplies of the majority of these items. He was speaking at a press conference at the Ministry of Health, Caledonia Avenue. Checks by the Ministry on Thursday did not support the claim of the Association as Digoxin, Aldomet and Proponlol were all in adequate supply at the Kingston Public Hospital.

"Earlier in the year, there were short supplies of Digoxin, a heart drug, but this had been corrected and there were also adequate supplies of Propanlol. WITH RESPECT TO common pain-relieving drugs such as Paracetamol (Cetamol and Panadol) there are large supplies. There are also adequate stocks of Codeine, Aspirin and Ponstan."]

CSO: 5400/7539

BRIEFS

ILLNESS RAMPANT AMONG REFUGEES--Trinitaria, Chiapas--Las Sombras, Las Hamacas, Buenos Aires, Cristobal Colon, Selegua and La Hamaca Agua Azul are the camps found in this frontier community that harbors more than 7,500 refugees from Guatemala and other Central American countries. Many of these refugees are ill with tuberculosis, malaria and many other intestinal diseases which have recently already claimed several victims, and in one day alone, two children, 10 years of age, died. Members of the Guatemalan Army and paramilitary guerrillas have been infiltrating the above-mentioned camps, and this has spread uneasiness among the refugees who are in Mexican territory. The Central American Refugee and Christian Aid committee has been receiving assistance from the people of Chiapas, consisting mainly of food. Within a few days, the rains will have become widespread, and the problems will become more severe since most of the refugees in the above-mentioned camps are living, for the most part, in the open. [Text [Mexico City EL SOL DE MEXICO in Spanish 19 Mar 82 p B-8] 9787

CSO: 5400/2119

PAKISTAN

MANY JAUNDICE CASES REPORTED IN KARACHI

Karachi DAWN in English 13 Apr 82 p 8

[Text] Many cases of jaundice have been reported in the three major hospitals of the city with the advent of summer.

Doctors at these hospitals told 'Dawn' that the possible causes of the outbreak of this disease are: contamination of water, food adulteration, and pollution by flies and cockroaches in exposed food and eatables. They said the disease might lead to serious complications endangering the life of the patient and should be treated on priority basis.

They also said that 'Epidemiological studies' should be carried out to identify the source of the disease.

Jaundice, they said, is infectious and mosquitoes can become one of the major sources of carrying blood virus and injecting them into the body of healthy persons causing jaundice.

Cases of jaundice reported to JPMC, Civil Hospital and Abbasi Shaheed Hospital were from almost all parts of the city.

Doctors advised that 'immediate notice should be taken of jaundice patients who should be taken to hospital for treatment".

CSO: 5400/5928

CONCERN OVER CONTROL OF TUBERCULOSIS

Karachi DAWN in English 15 Apr 82 p 7

[Editorial: "T.B. Untamed"]

[Text]

THE National Tuberculosis Conference comes as a grim reminder that TB is still a menacing challenge. The estimates of its incidence, though apparently on the lower side, is nonetheless frightening: 68,000 deaths annually; 16 lakh patients on the active list 54 per cent population potentially affected. Moreover, no significant decrease in infection has been noted over the last 15 years. The pattern of tuberculosis incidence is disturbing the world over. But there is one vital difference. Elsewhere, particularly in the developed countries, the battle against the disease is being waged with all the available resources. Consequently, what was once the "white scourge" is generally on the retreat and now attacks only the most disadvantaged groups. In developing countries, including Pakistan, the area of vulnerability is wide and the will, as well as the wherewithal, to contain it, is woefully unequal to the enormity of the problem. The preventive and curative facilities to fight the disease are inadequate. But it is inexcusable when the existing facilities are seen to be under-utilised. The fault lies with both planning and execution. TB can only be combatted by coordinated and concerted efforts. It is essentially a socio-medical problem of wide dimensions and the disease can be controlled only if there is a sufficiently strong commitment on the part of the people and the Government to do so. Since poverty, ignorance and insanitation contribute substantially to its incidence, the people's cooperation is essential to check the disease.

The TB control programme in Pakistan has proved to be largely a failure because an integrated approach has not been adopted. A vertical organisation that proved sufficiently successful in smallpox eradication was mistakenly considered, for quite some time, to be appropriate for tuberculosis as well. Subsequently, however, an integrated programme was drawn up at the provincial level. This ad hoc experiment has failed to deliver the goods. As the National TB Conference felt, a clear-cut course of action must be charted out and implemented on a country-wide basis.

The experts attending the conference have recommended that the aim should be to detect cases and treat them. Mass Miniature Radiography, Microscopy laboratories, X-ray and chest examination facilities are primarily needed for detection purposes. In educational institutions and work places these methods could be put to the optimum use. BCG vaccinations could immunise sizable sections of the population, especially if all maternity homes and obstetricians are asked to vaccinate the new-born babies. Drugs should be distributed free of cost among those who cannot afford expensive medicines. Slums in cities and the rural areas need particular attention. Although curative and preventive measures will help, it is more important that people are given health education and told about the relevance of hygiene to good health. They should also be informed about the signs and symptoms of tuberculosis, so that those affected by the disease might themselves seek treatment before it is too late.

CSO: 5400/5935

TUBERCULOSIS DEATHS REACH 68,000 ANNUALLY

Karachi MORNING NEWS in English 12 Apr 82 p 1

[Text] LAHORE, April 11: The Adviver to the President on Health Prof Basharat Jazbi, has termed tuberculosis as the main killer of men in Pakistan as about 68,000 people die in Pakistan and three million die annually in the world of this disease.

Delivering his speech in the concluding session of the 14th National Tuberculosis Conference here today, he said it was a pity that in spite of tremendous progress achieved in the field of medicines we were yet unable to control T.B. especially in the developing countries.

He said T.B. was not an individual but a social problem and added that it was a controlable disease provided there was some commitment on part of the people and the Government.

Prof Basharat Jazbi said T.B. should be integrated in the general health care programme instead of the present isolated T.B. control programme

There should be a free countrywide programme for its prevention, detection and cure, he added.

He was of the view that the Government alone could not control T.B. therefore, phillanthropists and private organisations should take active part in coping with this situation.

Prof Basharat Jazbi said that President Gen. Mohammad Zia-ul-Haq was deeply interested in providing proper health cover to the general public.

The present Government, he said, would take every possible steps within its resources to improve and strengthen the existing national tuberculosis programme.—PFI.

CSO: 5400/5928

PAKISTAN

ANTI-QUACKERY LAW BEING FINALIZED

Karachi DAWN in English 12 Apr 82 p 8

[Text] RAWALPINDI, April 11: Dr Nasiruddin Jogezai, Federal Minister for Health and Social Welfare, said here on Saturday an Ordinance to wipe out the problem of quackery and substandard medicines will be promulgated shortly.

Talking to 'APP' at a function jointly organised by the Homoeopathic Federation of Pakistan and the Pakisan Zehni Sehat Society, he said that the Ordinance was being finalised by Ministry of Law.

Stiff punishment is being provided under the proposed law, he said.

Dr Jogezai said the Government was also keen to raise the present Homoeopathic Board to the status of a Council and the decision would be implemented very shortly. A special committee will also be set up to recommend welfare projects for Homoeopaths, he added.

Similarly, he said the Government was opening a number of schools to rehabilitate the disabled and mentally retarded. For the purpose the services of foreign experts would also be acquired, he added.

Dr Jogezai said the Government was alive to the problems and difficulties faced by the Homopeoaths and efforts were under way to solve their problems. It will take sometime with regard to major policies, but the petty problems would be solved within the shortest possible time, he added.—APP.

CSO: 5400/5928

PAKISTAN

CHECK ON MENACE OF QUACKERY ADVOCATED

Karachi MORNING NEWS in English 15 Apr 82 p 4

[Editorial: "Medicine and Quackery"]

[Text] THAT quackery is widespread in our country, particularly in rural areas, is evidenced by a report published recently that about 25 thousand quacks are operating in various parts of the country.

Quackery is flourishing mainly in villages because of the non-availability of qualified doctors, and the reluctance of a majority of medical graduates to serve in rural parts. Sources close to the Ministry of Health say that the best remedy to deal with quackery is to send the maximum number of qualified doctors to the villages. With a view to discourage the rising trend of quackery the Ministry is believed to be actively engaged in making necessary amendments to the Medical Act of 1960.

Medicine, says Jeffrey, has been defined to be the art or science of amusing a sick man with frivolous speculations about his disorder, and of tempering ingeniously till nature either kills or cures him. The quacks presumably believe in this view. Spurious preparations, promising instant relief from all kinds of ailments and physical disorders are flooded in the market. In trains, buses and on the roadside, we find people selling these preparations, eulogising their virtues and extolling them to the credulous public, by the sales-agents. well-dressed persons with polished manners and persuasive tongues. These manufactured products are said to cure a variety of pains and disorders, from toothaches to lack of fertility.

Again, we have persons in our midst who have a smattering knowledge of medicine, like compounders, who call themselves as doctors and set up their practice in remote areas of our fast expanding metropolis, like New Karachi, Korangi and other areas. In their cases, the observation of Voltaire that doctors poured medicines of which they know little into bodies of which they know less, is most apt.

Quackery is a social menace and should be checked sternly. Only persons with knowledge of medicinal products should be permitted temporarily to sell their products under a licence issued to them by medical authorities.

CSO: 5400/5928

NEED FOR RURAL HEALTH COVER STRESSED

Karachi DAWN in English 16 Apr 82 p 9

[Editorial: "Doctors for Rural Areas"]

[Text]

PAKISTAN'S health care system has so far failed to provide medical cover to people in the rural areas. One of the factors responsible for this unhappy situation, in the past, had been the non-availability of doctors in sufficient numbers to man the few hospitals and clinics that had been set up. But even when what seemed to be a glut was created by the addition of a large number of fresh medical graduates, the shortage of doctors continued to be felt in the rural areas. The impression persisted that young doctors were reluctant to go to small towns and villages where life could be difficult and opportunities for monetary advancement negligible. Now that a group of unemployed doctors in Sind have set up an association whose members have offered to go to the rural areas, the problem of medical manpower shortage in the small towns should, to some extent, be overcome.

That doctors should now volunteer their services for the rural areas points to the shrinking employment opportunities available to medical graduates. Whatever their compulsions and motivation, the change in the outlook of young doctors in Sind deserves to be welcomed. This offer should help to remove one of the main constraints that was believed to be hampering the expansion of the health delivery system. It is now up to the Government to create the essential infrastructure so that these doctors are provided jobs and the rural areas are given some health cover. As we had occasion to point out earlier, the existing health delivery system does not extend even up to the third tier, that is the tehsil level, largely because the needed organisational set-up has not been created. If hospitals and health centres are properly organised at the tehsil headquarters as was envisaged in the Fifth Plan, the Government could readily avail itself of the services of young doctors for manning them.

Even otherwise, young doctors who are willing to set up their practice in small towns and rural areas will need some supportive facilities, such as well-equipped laboratories, which only hospitals can provide. Additionally, they will need resources to build clinics and equip them. The Government could provide them plots of land on nominal price and loans on easy terms for this purpose. In fact, a scheme for financing the doctors, which the Government has been considering for some time, could be put into effect now to enable young doctors to open new clinics in small towns and rural areas. By responding positively to the offer of the doctors in Sind, the Government could initiate the much needed process towards health care for all. This would resolve the paradox of a large number of sick people without care and many doctors without jobs.

CSO: 5400/5935

FORTY PERCENT INCREASE IN INFANTILE PARALYSIS IN ISTANBUL

Istanbul MILLIYET in Turkish 26 Jan 82 p 3

[Article by Metin Ozyildirim]

[Text] Professor Dr Guzin Dilsen, a teacher in the Physical Therapy and Rehabilitation Department of the Istanbul Faculty of Medicine, has said, "Infantile paralysis has increased 40 percent in the past 2 years in Istanbul" and called upon the state to "initiate an inoculation campaign without further delay, by the first of February at the latest."

Noting that a shortage of infantile paralysis vaccine had been observed recently, especially at the prenatal and pediatric clinics in Istanbul, Professor Dr Dilsen said that "7,300 cases of this disease came to the clinics in 1981 and this is a 40 percent increase over the past 2 years."

Dr Dilsen said their survey revealed that 57 percent of infantile paralysis patients came in particular from squatters' areas such as Gaziosmanpasa, Bagcilar, Kucukkoy, Sefakoy, Esenler, Eyup, Gultepe, Yildiztabya, Fikirtepe and Zeytinburnu and 22 percent from developed sections such as Uskudar, Sehremini, Kadikoy, Yesilkoy, Kurtukus, Samatya, Fatih, Besiktas and Bakirkoy. He listed the distribution by age of these patients as follows:

"Our research revealed that of the infantile paralysis patients who came to our clinic last year, 6 percent were under 6 months of age, 22 percent were between 6 months and 12 months, 34 percent between age 1-2, 20 percent between 2-3, 6 percent between age 3-4, 5 percent between age 4-5, 3 percent between age 5-6, 1 percent between age 6-7, 1 percent between age 7-8 and two patients age 14 and 21."

Adult Fatalities

Noting that infantile paralysis is an infectious disease affecting the nervous system which is caused by three different types of virus and may leave permanent paralysis, Dr Guzin Dilsen said, "This disease is not just a children's disease but causes death and extensive paralysis in adults also." He continued as follows in summary:

"The various social, emotional and economic problems presented by the disabilities associated with the paralysis resulting from this disease illustrate the importance of the disease. This disease, called "polio" in medical parlance, is spread by human contact. The disease virus enters through the mouth, multiplies in the digestive system and passes into the blood stream and nervous system.

What Are Symptoms

"The symptoms of infantile paralysis are headache, fever, nausea, vomiting, diarrhea and back, joint and abdominal pain. This disease is frequently mistaken for a cold or stomach-intestinal upset. This cycle either improves within a week or two or attacks the nervous system, and paralysis and meningitis set in. Headaches, muscle pain, fever and diarrhea increase.

"Patients should be given rest, appropriate bed-rest, therapy and warm, moist applications to relieve muscle spasms. After 4 to 6 weeks at the quiescent stage, patients are given underwater massages and made to exercise to correct immobility and to protect and strengthen atrophied muscles. They are given mechanical devices and encouraged to walk early. The necessary equipment and surgery required are also made use of in the quiescent stage. Despite all this, however, protection against the disease in the first place is provided through inoculation at the appropriate time.

"Effective immunity is provided through vaccines obtained from spent viruses and prepared from devitalized microorganisms. The vaccine is given either by injection or orally. Oral vaccine is given in three monthly doses starting at age 3 months, with boosters at age 1.5 and age 4."

8349
CSO: 5400/5314

STATISTICS SHOW HIGH INCIDENCE OF DISABILITIES

Istanbul MILLIYET in Turkish 17 Jan 82 p 8

[Article by Metin Ozyildirim]

[Text] The disability rate in Turkey is reportedly 40 percent higher than in the world in general. Birth defects are reported to be gradually increasing in our country, indicating a need for [determining] genetic compatibility of parents before birth and for education and appropriate diet during pregnancy.

Doctors say that hospital admissions of children with birth defects are increasing and that the primary causes are intermarriage among close relatives, prenatal and postnatal infection and trauma and unnecessary drug and radiation treatments.

A study involving 100,000 persons conducted by the Gulhane Military Medical Academy revealed that the disability rate in Turkey is 40 percent higher than the world average.

Disability Factors

Dr Guzin Dilsen, a teaching member at the Istanbul University Faculty of Medicine, and Professor Dr Turgay Atasu, a teaching member at the Cerraphpasa Faculty of Medicine, told MILLIYET that the factors causing disabilities "from birth on" as revealed by the survey of 100,000 people were as follows:

--Heart and circulatory diseases, 17.8 percent

--Job, traffic and other accident-related disabilities, 16.8 percent

--Birth defects, 12.4 percent

--Degenerative disabilities (such as aging), 10.8 percent

--Infections (primarily tuberculosis), 9.2 percent

--Rheumatism, 6.5 percent

According to the Gulhane Military Medical Academy study, "The normal disability rate in all countries is 10 percent of the population, but the rate of serious defects requiring continuous rehabilitation, which is 1.5 percent in developing nations, exceeds 2.5 percent in Turkey."

Spastic Children

A study of 100 spastic children conducted between 1974 and 1979 at the Istanbul University Faculty of Medicine Physical Therapy and Rehabilitation clinics produced the following results:

Boys comprise 56.5 percent of these patients and girls, 43.5 percent. Prenatal causes such as infections and toxemia of the mother during pregnancy, prematurity, blood incompatibility, intermarriage and heredity accounted for 38.3 percent of the cases, causes during birth for 17 percent and postnatal causes such as infection, trauma and jaundice for 44.7 percent.

Birth Defects

Dr Turgay Atasu, professor of gynecology and childbirth at the Istanbul University Cerrahpasa Faculty of Medicine, also said "the birth defect rate has increased" in our country in recent years.

Stating that it was necessary to evaluate birth defects in two separate groups, those "occuring in utero and those occurring during birth," Atasu said, "Great strides have been made in recent years in prenatal diagnosis of fetus defects." He continued as follows:

"The medical world today has joined forces to prevent birth defects. The goal is to detect defects of the fetus before it is born. At 16 weeks it is possible to determine whether the fetus is healthy or not. Thus if the likelihood of a birth defect exists, the uterus can be purged at just 16 weeks and the birth prevented.

"Available statistics show that the birth defect rate increases with the age of the mother. According to statistics compiled in Britain, the birth defect rate is 1.30 in 60 births in mothers over 40, 1 in 600 in mothers between 30 and 40 and 1 in 6,000 in mothers between 20 and 30. One must point out here that genetic deterioration also causes birth defects. We must stress the need in this regard to avoid marriage between close relatives, because this is a particular problem in Turkey."

What Should Be Done

Professor Dr Guzin Dilsen and Professor Dr Turgay Atasu gave the following list of requirements for the prevention of birth defects:

"Protect against infections, avoid emotional and physical trauma, avoid family intermarriage, determine spouses' blood groups before conception, heed genetic considerations before conception, emphasize the proper diet and healthful regimen of the pregnant mother and provide parenting counseling."

8349
CSO: 5400/5314

NEW ANIMAL HEALTH LAB OPPOSED; VIRUS 'ESCAPE' FEARED

Sydney THE SYDNEY MORNING HERALD in English 4 Mar 82 p 1

[Article by Richard Eckersley]

[Text] The $120 million Australian National Animal Health Laboratory, the most expensive scientific structure ever built in Australia and the best facility of its kind in the world, may never carry out its intended role.

The laboratory is drawing strong criticism from both scientists and farmers, with the result that key aspects of its operations remain unresolved.

The laboratory, being built at Geelong, is three-quarters complete. It is expected to be completed in March next year, and be fully operational in 1984-85. It will cost about $8 million a year to run.

The livestock industry is against the proposed introduction of live foot-and-mouth disease virus for use in the laboratory and may also oppose the introduction of other viruses on which the laboratory will want to work.

There is serious disagreement among scientists about the need for such a large and expensive facility. According to one critic, it is a white elephant.

The laboratory's history goes back to 1964 when an expert from the United Nations Food and Agricultural Organisation recommended that Australia set up up a maximum-security biological laboratory.

The Whitlam Government approved the construction of the laboratory in 1974, but the Fraser Government deferred the project, and construction did not begin until 1978.

The laboratory will provide the diagnostic and vaccine-testing facilities that will be needed if a major exotic animal disease penetrates Australia's quarantine barrier. It will also be used for research and vaccine production.

Two-thirds of the laboratory's floor space is taken up by equipment, much of it to gas, purge, incinerate, filter, decontaminate, sterilise and otherwise ensure that the viruses and other organisms causing these diseases do not escape from the laboratory.

But livestock producers fear that this could still happen, as it has at similar laboratories overseas, with economically disastrous results.

Two major groups within the National Farmers' Federation, the Cattle and the Sheepmeat Councils of Australia, already oppose the introduction of the foot and mouth disease virus before any outbreak of the disease in Australia. The Wool Council is expected soon to adopt a similar policy.

Member organisations of these councils are now considering the question of the introduction of other disease viruses for the laboratory.

Industry spokesmen say farmers could compromise and agree to the introduction of some viruses which do not pose the same risk of escaping and which would not have such a disastrous effect if they did.

But opposition to the use of live foot-and-mouth disease viruses, said by one scientist to be the justification for the laboratory, is unlikely to soften.

The Federal Government has said the virus will not be introduced without "full consultation" with the livestock industry and the agreement of the Australian Agricultural Council, comprising State agriculture ministers and the Federal Minister for Primary Industry.

The concern of farmers is being fuelled by the conflicting views of scientists.

Professor Bede Morris, head of the department of immunology at the John Curtin School of Medical Research in Canberra, says both the laboratory and a $6.4 million animal quarantine station built recently in Cocos Island are based on now-outdated scientific and technical criteria.

Professor Morris argues that the development of "synthetic" vacines, which do not require the production of disease viruses, is already making the laboratory obsolete.

But, he says, political parties will not admit this. "None has the gumption to say it's a dreadful mistake."

Other scientists, while accepting the value of a maximum security laboratory, believe it is bigger and costlier than necessary. Despite Government assurances that it will be financed separately, they fear it will be a serious drain on scientific funds.

"It's so enormous — almost an overkill," one said.

Its supporters argue that it is crucial to the effective control of any outbreaks of exotic animal diseases.

CSO: 5400/7540

CUNDINAMARCA ANTI-RABIES MEASURES

Bogota EL TIEMPO in Spanish 9 Mar 82 p 16-A

[Excerpts] The government of Cundinamarca has established eight referral centers for canine rabies in order to prevent the spreading of the epidemic that has broken loose in some areas of the department and that was characterized by the health authorities as "alarming."

The presence of the disease, which fortunately has not afflicted humans, is due to an increase in canine population and to the negligence of owners toward many of these animals.

According to the data of the Cundinamarca Secretariat of Health, the canine population of the department is estimated to be more than 80,000 animals, of which approximately 80 percent were vaccinated last year.

Alvaro Murcia Gomez, secretary of health, reported on the intensification of the vaccination campaign and hoped that there would be 100-percent coverage of the canine population. He asked for the cooperation of the people in having their dogs treated with anti-rabies doses that the government has available for this purpose.

He indicated that outbreaks of epidemics have been detected in the Sabana of Bogota and in the eastern part of the department and cited the municipalities of Zipaquira, Mosquera, Funza, and Caqueza, where, notwithstanding their characteristics, no humans have been afflicted.

He also indicated that the canine referral centers that were established to prevent the disease from afflicting people are located in Girardot, Fusagasuga, San Juan de Rioseco, Pacho, Gacheta, Caqueza, Ubate, and Soacha.

He emphasized that animals that are captured and are affected by the disease will be brought to diagnostic centers for observation and attention.

8255
CSO: 5400/2124

SOUTHERN AREAS ON ALERT FOR FOOT-AND-MOUTH DISEASE

Stockholm DAGENS NYHETER in Swedish 27 Mar 82 p 15

[Article: "Increased Preparedness in Scania"]

[Text] Preparedness for countering a possible outbreak of hoof-and-mouth disease in Scania has been increased. It is primarily the situation in East Germany that worries authorities. On Friday there was a large gathering in Malmo of veterinarians from Malmohus Province.

"I believe the situation gives us cause for concern," provincial veterinarian Sven Otterlin told TT (TIDNINGARNAS TELEGRAMBYRA).

"The National Board of Agriculture has informed us that the East Germans, unlike the Danes, are not slaughtering and burying animals that have contracted the disease."

"This means that the virus is continuing to spread."

The Swedish authorities learned that the reason for this is that the herds are too large.

"Some of the collective farms involved have several thousand animals and, thus, they have not been able to slaughter the cattle," Otterlin said.

With the Wind

"Instead, the cattle are isolated. The sores on some of the animals heal gradually, but some develop complications and must be slaughtered."

The virus may be brought to Sweden with the wind or, for example, by migratory birds. Humans can also carry the infection.

"We are prepared to deal with the disease if it reaches Sweden," Otterlin said. So far the disease has been limited to the Funen Island in Denmark.

"But it could take up to 14 days from now, if no new cases are discovered, before we can be sure that the disease has been stopped."

In addition, the animals may be disease carriers for an extremely long time.

Large sums of money are on the line. Scania has about 0.25 million head of cattle and about 1 million hogs.

Authorities may stop the Trelleborg-Sassnitz ferry. The import of certain goods from Denmark is already prohibited.

"The National Board of Agriculture may take steps at my advice," Otterlin said. "This is not necessary at present, however. These measures could include disinfection of both automobiles and people."

9336
CSO: 5400/2121

GOVERNMENT, BUSINESS MEETING ON BANANA DISEASE

Bogota EL TIEMPO in Spanish 8 Mar 82 p 14-E

[Text] The government, banana producers, and businessmen have decided on priorities in the fight against the black sigatoka that is affecting the Uraba area and have agreed to undertake a big campaign throughout the country for the prevention and control of the disease, which will cost about 60 million pesos.

The decisions were made at a meeting presided over by Luis Fernando Londono Capurro, minister of agriculture, and which was attended by producers, represented by Augura, growers, businessmen, officials of ICA [Colombian Agricultural and Animal Sciences Institute] and of the departmental government of Antioquia.

Minister Londono Capurro said that in accordance with the plan of the producers, experts, and foreign technicians who diagnosed the problem of the area, it is necessary to deal immediately with the Agustin Codazzi Geographic Institute to obtain aerophotography of the area, which covers approximately 150,000 hectares, in order to know in general which specific areas must be controlled.

"The national government is trying to cooperate to the utmost in this campaign with resources of the Agricultural and Animal Science Fund and the Emergency Fund and with inspection resources in Mutata and Necocli in order to prevent the spreading of black sigatoka spores to the interior of the country," said Londono Capurro.

Equipment

The minister said that there was also the priority of granting necessary equipment to the area in order to implement fumigation programs every 10 days. Previously to control yellow sigatoka, fumigations took place once a month.

There is a need for more greater-capacity equipment. At present planes have a 200-gallon capacity; 500-gallon capacity planes are needed. Steps are being taken for their acquisition.

"Another priority is an information campaign," said the minister. And he added that the "government has committed itself to organizing the prevention and control aspects of the campaign with ICA and the National Federation of Coffee

Growers through the communications media, with recommendations on how to treat the disease and to care for cultivations. Minister Londono Capurro said that the previous week he signed a resolution to send three technicians to Honduras. "This is a costly factor," he said, "but the national government believes in the national commitment to eradicate the disease."

And he added that "since it is an urgent need, greater support will be accorded ICA research in the area, through better laboratory equipment for the Agricultural Institute of Turipana, which is the center that provides this kind of service to Uraba."

This week representatives of the businessmen and of producers will hold a meeting in the minister's office to determine what economic cooperation will be available to the anti-black sigatoka campaign.

8255
CSO: 5400/2124

BRITISH GOVERNMENT AIDS CAMPAIGN AGAINST COFFEE RUST

San Pedro Sula LA PRENSA in Spanish 10 Mar 82 p 4

[Text] Tegucigalpa--The British Government is contributing approximately 2 million lempiras to various programs, currently underway in Honduras, for the purpose of combatting coffee rust.

The aid includes spray guns, fungicides, laboratory instruments and equipment for the analysis of phytopathology, technical assistance, and other measures for the protection of coffee.

Phytopathologist Cristopher A. Bennett, a member of the British technical delegation, commented that up to now this disease has not reached and attacked all of the country's areas of production, but it is present in almost all areas.

On the other hand, the determinant factor in arresting the advance of coffee rust is an economic one, and at the present time there is no budget allotment for this, said Oscar Madrid Turcios, a member of the Research Committee Against Coffee Rust that was recently established by the national congress.

He said that the various meetings with the Honduran Coffee Producers' Association (AHPROCAFE), the Honduran Coffee Bank (BANHCAFE), the Honduran Coffee Institute (IHCAFE), and many producers in the country have been negative regarding the extensive and gradual advancement of this fungus.

After a consultation regarding the various recommendations that they will make to the national congress in their report, it is contemplated that there will be an increase in the importation, duty free, of chemical products and equipment with distribution mechanisms.

They will also suggest that the government negotiate with various international financial organizations for approval of long-term loans for small and medium producers and finally for the immediate and urgent provision of technology for coffee plantations, because this is the most concrete manner of combatting this disease, concluded the parliamentarian, Oscar Madrid Turcios.

8255
CSO: 5400/2126

BRIEFS

PADDY PEST EPIDEMIC--Kakinada, March 31: Almost 50 per cent of paddy crop has been affected due to the brown plant hopper pest in east Godavari district. To counter the pest epidemic, the endemic area scheme and the integrated pest control programme have been dovetailed, and 41 plant protection squads have been constituted to look after ten delta blocks. Close planting and an overdose of nitrogenous fertilisers have led to a thick plant population, providing conducive surroundings to the pests. [Text] [Bombay THE TIMES OF INDIA in English 1 Apr 82 p 7]

CSO: 5400/7061

BRIEFS

GAINS IN BARK BEETLE FIGHT--Karlstad--The massive program to combat the pine bark beetle was very successful last year and will continue in 1982 with generally the same program. Varmland, where half the damaged and dead trees in the country are located, had 160,000 forest cubic meters of dead conifer forest (480,000 trees) in 1978, but the volume declined from 67,000 cubic meters in 1980 to 23,000 (77,000 trees) in 1981. The trend is similar all across the country. Varmland received 14 million of the 20 million kronor in state funds to combat the damage last year. This year the total appropriation is 14.5 million with Varmland getting 8.2 million. The funding can be cut because the traps have already been bought. Varmland now has 250,000 traps which are baited with pheromones and attract pine bark beetles during the mating season. As was the case last year there are 500 contact men and 25 extra employees in the prevention program. As a result of aerial inventories from 1971 to 1981, it has been established that 3.4 million older conifers died due to bark beetle attacks. It is vital that infested trees be dealt with. So far around 20 forest owners have been charged with violating the Forest Protection Act because they did not remove affected trees. [Text] [Stockholm DAGENS NYHETER in Swedish 17 Apr 82 p 11] 6578

CSO: 5400/2134

END

JPRS 80806

13 May 1982

Worldwide Report

EPIDEMIOLOGY

No. 278

FBIS FOREIGN BROADCAST INFORMATION SERVICE

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13 May 1982

WORLDWIDE REPORT

EPIDEMIOLOGY

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PRIVATE SECTOR ASKED FOR CARIBBEAN MEDICAL RESEARCH FUNDS

Port-of-Spain TRINIDAD GUARDIAN in English 15 Apr 82 p 1

[Text] Caribbean medical men and Trinidad and Tobago's Minister of Health, Dr. Neville Connell, appealed yesterday to businessmen of the region to help save Caribbean lives.

The appeal was trumpeted at the 27th annual meeting of the Commonwealth Caribbean Medical Research Council (CCMRC) by Dr. Peter Williams, of the Wellcome Trust in the United Kingdom, which regularly helps to fund medical research in the Caribbean and elsewhere. Dr. Williams is a Trinidadian but has been working in the United Kingdom for more than 21 years.

He called for banks, insurance companies, and industrial enterprises who have all profited from the favourable economic conditions of the last 30 years to make funds available now to sponsor medical research in the region where many easily preventible diseases are still sending to their deaths "appreciable" numbers of the population.

Dr. Connell reiterated the call in his own address.

He said: "An intensification of our efforts in technical, industrial and agricultural research is needed, not least in order to enable us to meet the challenges with which the petroleum industry is presenting us.

"Most of this increased effort should take place in the industrial concerns themselves whether they be State or private enterprises.

"Indeed, industry must be stimulated to invest more of their funds in research and development."

The grim situation that was spelled out in a conference paper underlined the case for private funding--and the situation can get worse.

Dr. David Picou, one of the three scientific secretaries at the conference, in moving the vote of thanks at the opening session (in the Trinidad Hilton) of the four-day conference, noted: "Unless funds are provided it will not be possible for the CCMRC to continue to provide the organisational structure and research in the Caribbean...to enable us to make headway."

Dr. Williams informed the conference that about two thirds of the private money spent in medical research in the Caribbean since 1957 had come from the Wellcome Trust in the United Kingdom.

Much more required to be done and there must be found a way of not only finding the funds but in making sure that funds were in fact spent where they would do the most good.

He said the Caribbean had a problem of what manpower to devote to research at all and what organisations to devote to research; the university could go to the extreme of devoting itself to research, at some expense to teaching, with resulting reduction in manpower later but what "to order" in the way of problems would still remain a problem.

Prof. Picou and Dr. Williams both called attention to the analysis prepared by Prof. George Alleyne: he had been one of the researchers whose work in protein metabolism of the kidney had been funded by the Wellcome Trust and he had produced a paper on the state of medical research in the Caribbean which has received endorsement from the region's Ministers of Health.

Splendid Addition

Sir Hugh Springer, the chairman of the CCMRC, in welcoming the delegates and the audience, remarked that the Mount Hope Complex, being constructed by the Government of Trinidad and Tobago, woudl be "a splendid addition" to the medical faculties of Trinidad and the region and he hoped that when next the Council convened in Trinidad and Tobago(where it had convened previously in 1976) the complex would be finished.

The Rockerfeller Foundation and the Pan American Health Organisation came in for thanks from Sir Hugh on behalf of the people of the region.

A minute's silence, at Sir Hugh's request, was observed in honour of the late Prime Minister of Trinidad and Tobago, Dr. Eric Williams, who, Sir Hugh said, had told him enthusiastically at the 1976 assembly how interested he was in seeing that the Mount Hope Complex become a first-class teaching hospital with physical facilities for research.

Prof. Picou confirmed in his short speech that Mount Hope Complex will be more than just a teaching hospital, that its facilities would enable much interdisciplinary research to be undertaken. He told the conference it would be a dental school, veterinary school, a degree-awarding school of nursing and of pharmacology, and a teaching hospital.

CSO: 5400/7544

MINISTRY OF PUBLIC HEALTH REPORTS ON 1981-1982 PROGRESS

Kabul HEYWAD in Dari 15, 16 Mar 82 pp 3, 7

[15 Mar 82 p 3]

[Text] In reviewing the series of the work performed by the ministries of the Democratic Republic of Afghanistan (DRA), we now turn to the other sectors of the activities of the Ministry of Public Health, beginning with the formulation and implementation of laws, regulations and bills which actually constitute the basis for positive and effective operations of a government agency. The said ministry has taken the following steps in this area:

--Formulation and codification of the constitution of the Scientific Association of Medical Doctors and the formation of the said Association;

--Completion of the legal procedures and the promulgation of the law governing forensic medical institutes;

--Completing the delineation of the functions of the Ministry of Public Health;

--Completing the formulation of the framework of generic medicine;

--Formulation of the regulations of the directorate of preventive medicine (DRA), the high governmental body for sanitary and epidemiological control in DRA;

--Formulation of the regulations of the central branch of health, sanitation and epidemiology education;

--Formulation of the regulations of the central sanitation and epidemiology station;

--Formulation of the regulations of the district sanitation and epidemiology branch;

--Completion of the legal procedures for approving the Law of Public Health;

--Completion of the formulation of the constitution of the blood bank;

--Completion of the formulation of the constitution of pharmaceutical affairs bureau;

--Completion of the formulation of the constitution of the directorate of anti-malaria and anti-lashmania [sic] campaign;

--Completion of the formulation of the bill of paramedical schools examinations;

--Collection of 1,060,000 Afghanis in taxes and royalties due and payable to the government by pharmacies as part of import revenues of the government;

--Other government import revenues in the amount of 518,288 Afghanis;

--Recovery of 181,200 Afghanis from embezzlers;

--Impounding 313 items of illicit medicines;

--Grant of permission to patients to receive treatment abroad: 2,014 individuals;

--The development projects under way in Herat, Konarha and Nangarhar were visited and progress reports on them submitted to the authorities concerned;

--The design of 14 small and fairly large engineering plans were completed;

--Plans for 8 engineering overhauls were completed;

--Sketches for other reparations were obtained and set up for subsequent implementation;

--The construction work of a number of buildings was inspected and supervised;

--The remainder of the work of the central store, except the concrete pouring of its yard, was completed;

--The construction work of the four-room orthopedics workshop block was supervised and partaken;

--The plumbing, rectification of the electricity network, calbe laying, setting the sanitary sinks, repair of water pumps, and start-up of refrigerators and broilers, etc., in the pertinent institutions (in the capital and some provinces) were effected;

--The quarterly allocation of the development projects were made on time on the basis of the current year budget, totalling 153 million Afghanis of government budget and 6.83 million of foreign aid, of which some 143 million Afghanis and 3.31 million, respectively, were spent on the following counts:

--The 200-bed hospital in Nangarhar--98 percent

--The 200-bed hospital in Herat--81 percent

--Nursing dormitory in Herat--47 percent

[16 Mar 82 p 7]

--[Text] Construction of 30 basic health centers--50 percent;

--Construction of 50 basic health centers--48 percent;

--Rural water wupply projects--97 percent;

--Construction of four polyclinics, including one for mother and child care--97 percent on the average;

--Health insurance polyclinic for government employees and wage earners in Kabul--5 percent;

--Construction of the blood bank in Kabul--5 percent;

--Reparation and equipping of the college of medicine in Kabul--98 percent;

--Production of vaccines and serums--99 percent;

--Construction of secondary centers in the provinces--52 percent;

In addition to the allocations for the foregoing projects, a further allocation of 30 million Afghanis was earmarked from the reserve development budget for the construction of the block of the premises of the Ministry of Public Health. It is to be hoped that once the actual allocation is effected, a most useful step would be taken toward the solution of the problem of space in the Ministry of Public Health. From among the above-mentioned projects, the construction work of the hospital in Jalalabad shall soon be completed and the polyclinics in Rahman Mineh and Khayrkhaneh will be completed and commissioned by the end of the year.

--Establishment of the Central Epidemiology and Sanitation Station within the framework of the directorate of preventive medicine and of the department of control of communicable diseases, microbiology, analytical chemistry, sanitation and mass immunization;

--Establishment of the central directorate of health education and publication within the framework of the preventive medicine directorate;

--Establishment of two regional stations of epidemiology and sanitation in Balkh and Nangarhar provinces;

--Opening two quarantine rooms in the central polyclinic and the urban polyclinic of the government salaried employees and wage earners;

--A total of 6,833 persons suffering from acute diarrhea were hospitalized in the quarantines of the child and mother care institute; 951 cases (13.9 percent) were reported to be positive while 2,825 cases were recognized as "exposed," 343 of whom were subjected to epidemiological tests;

--Three well-equipped medical teams were dispatched to Farah and Kandehar Provinces on different occasions and distributed 29 prepackaged kits in the provinces at the beginning of the year and also distributed 48,400 packets and boxes of medicine for acute cases of diarrhea by stationary and mobile stations in Kabul;

--Under the program of communicable diseases control, a total of 93 incidences of diphteria were detected and the patients were hospitalized and quarantined in the children's hospital. Also 1,040 contacts were treated and isolated by mobile teams and dipteria anti-toxins were tested on them for tolerance;

--Under the Trachoma Control Program a total of 5,211 persons were examined in schools and industrial institutes for workers, of whom some 903 persons were found to be afflicted with trachoma. These were given the necessary medication;

--Some 16,826 persons were examined for syphilis and 119 positive cases were reported;

--A total of 24,584 specimens of blood, excrements, urine, phlegm, pus, mycosis, water poisoning, medicinal poisoning and food poisoning were sent by the vaccination department to the relevant laboratory sections;

--In the first 9 months of the year some 516 persons were treated in child and mother protection clinics for malnutrition and particularly protein deficiency and allergy;

--A total of 1,899 specimens of urine, blood and food were analyzed by the biochemical sections and the results thereof reported to the relevant sections;

--Typhoid vaccines were tested for tolerance on 400,000 persons and the five combined vaccines were tested for tolerance on 177,847 persons;

--Four week-long training courses were organized for school teachers which were attended by 160 teachers in all;

--A total of 63 small and large factories were inspected and their reports and recommendations on improvements in sanitary conditions were sent to the relevant institutes;

--Some 257 foodstuff samples were tested and the results thereof reported to the agencies concerned;

--Some 74 hotels and restaurants were inspected for sanitary conditions and the hygienic affairs of 11 hospitals in Kabul and seven other hospitals were reviewed for quarantine purposes;

--Some 35 Kabul schools and kindergartens were inspected;

--Numerous specimens of the water of Kabul River were taken and the results thereof sent to the sanitary affairs directorate of Kabul Municipality;

--Under the water resources program covering the water supply network and the reservoir of ice production facilities, qualitative and typical inspections were conducted on 952 specimens, of which some 256 specimens were found to be unsanitary;

--Some 1,012 various anitation-oriented television programs, numerous photographs, official gatherings, and seminars were prepared and organized and cooperation and assistance extended to the departments of the directorates of preventive medicine and of the Ministry of Public Health in the fields of printing, calligraphy, librarianship and technical matters;

--Some 35 staff members of the central station attended a two-month orientation seminar.

9695
CSO: 5400/5320

BRIEFS

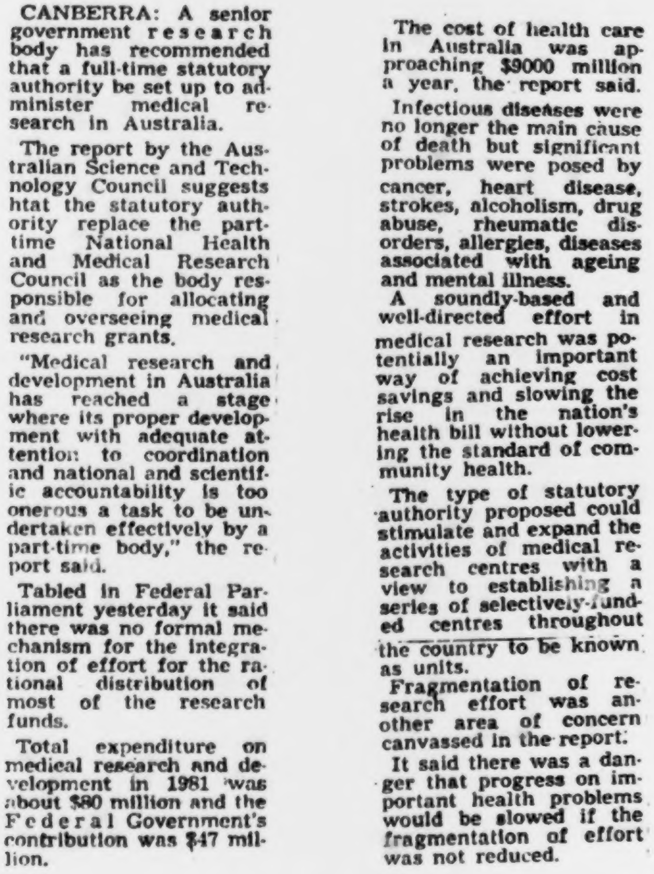
MALANJE MEASLES EPIDEMIC--Malanje, 28 Apr (ANGOP)--Fifty four children of both sexes have died this month in the municipal district of Kakuso in the Angola Province of Malanje following an epidemic of measles and other contagious diseases. The epidemic was reported in the areas of Kirimba-Dambi, Lombe and Kizenga located in the municipal district of Kakuso. Meanwhile, the provincial delegation of the Angolan Health Ministry has already instructed two mobile teams to innoculate all young children. The limited participation of the population in previous vaccination campaigns is to be blamed for this epidemic which has struck the Province of Malanje and particularly the municipal district of Kakuso. The local authorities have already taken all steps to bring the situation under control. [Text] [AB282053 Luanda ANGOP in French 1822 GMT 28 Apr 82]

CSO: 5400/5959

MEDICAL RESEARCH ADMINISTRATIVE BODY RECOMMENDED

Perth THE WEST AUSTRALIAN in English 11 Mar 82 p 25

[Text]



CANBERRA: A senior government research body has recommended that a full-time statutory authority be set up to administer medical research in Australia.

The report by the Australian Science and Technology Council suggests htat the statutory authority replace the part-time National Health and Medical Research Council as the body responsible for allocating and overseeing medical research grants.

"Medical research and development in Australia has reached a stage where its proper development with adequate attention to coordination and national and scientific accountability is too onerous a task to be undertaken effectively by a part-time body," the report said.

Tabled in Federal Parliament yesterday it said there was no formal mechanism for the integration of effort for the rational distribution of most of the research funds.

Total expenditure on medical research and development in 1981 was about $80 million and the Federal Government's contribution was $47 million.

The cost of health care in Australia was approaching $9000 million a year, the report said.

Infectious diseases were no longer the main cause of death but significant problems were posed by cancer, heart disease, strokes, alcoholism, drug abuse, rheumatic disorders, allergies, diseases associated with ageing and mental illness.

A soundly-based and well-directed effort in medical research was potentially an important way of achieving cost savings and slowing the rise in the nation's health bill without lowering the standard of community health.

The type of statutory authority proposed could stimulate and expand the activities of medical research centres with a view to establishing a series of selectively-funded centres throughout the country to be known as units.

Fragmentation of research effort was another area of concern canvassed in the report.

It said there was a danger that progress on important health problems would be slowed if the fragmentation of effort was not reduced.

CSO: 5400/7542

BRIEFS

WHOOPING COUGH OUTBREAK--The outbreak of whooping cough in Perth--the biggest in a decade--continues unabated. So far this month there have been five confirmed cases--one a two-month-old baby. Nine children with severe cases of whooping cough were admitted to Princess Margaret Hospital last month. The outbreak started late last year and peaked in January, when 19 cases were confirmed at the hospital. Only the most severe cases are admitted. Many children are treated at home. PMH's director of pathology, Dr Peter Masters, yesterday urged parents to keep their children's immunisation programme up to date. He said that only if a baby was really sick should immunisation be postponed. [Perth THE WEST AUSTRALIAN in English 20 Mar 82 p 9]

GOLDEN STAPH OUTBREAK--Sydney Hospital has had to close an intensive-care ward because of infection by the deadly drug-resistant germ known as golden staph. The chief executive officer of the hospital, Mr Tom Lindsay, confirmed yesterday that a five-bed intensive care ward had been closed last Friday after it was found to be infected by methicillin-resistant staphylococus aureus (MRSA). Golden staph has been linked to 100 deaths in Victoria and is widespread in Queensland. It invades wounds, ulcers, pressure sores, burns and the sites of intravenous tubes. The infection kills tissue, causing abscesses and pus. A recent study by the Victorian Health Commission found that the only drug remaining that is entirely effective against MRSA is vancomycin, which can cause serious side effects, including deafness and kidney damage. The intensive care ward will probably remain closed until tomorrow. The chairman of the NSW Health Commission, Dr Roderick McEwin, said yesterday at present no other hospitals had been forced to close wards because of infection by golden staph. A motorcycle policeman who was shot in the head had contracted golden staph while in hospital, it was learned yesterday. Senior-Constable Stephen Henry, 26, died early this month after being unconscious for 31 days under intensive care at the Royal Melbourne Hospital. [Text] [Sydney THE SYDNEY MORNING HERALD in English 11 Mar 82 p 2]

CSO: 5400/7542

MISUSE OF PESTICIDES HAS POISONED WORKERS, POLLUTED WATER

Nassau THE TRIBUNE in English 10 Apr 82 pp 1, 13

[Text] WIDESPREAD misuse of pesticides in the Bahamas has poisoned farm workers and is polluting drinking water.

These startling charges were made by Senior Agricultural Officer John Hedden at a seminar on the environment March 30.

The seminar was organised by The Bahamas National Trust during Conservation Week.

Mr Hedden said the importation and use of pesticides in the Bahamas was completely unrestricted. He called for strict legislation to control the situation.

"The health effects of pesticide poisoning are many," he said. "They include spasms, seizures, kidney and liver disease, haemorrhaging, diarrhoea, lameness, sterility and cancer.

"In the case of a particularly toxic chemical that can be used here by anyone, a single drop on the skin can kill a 150-pound man. And we have no way to treat people since there are no stores of antidotes for these poisons anywhere in the Bahamas."

Mr Hedden cited North Andros where he worked as a horticuluturalist at the government research station for four years as an example of how pesticides can affect the community.

North Andros is one of the country's prime farming districts. It is also the source of a large proportion of the fresh water consumed by residents of New Providence.

Pest control chemicals used on crops are washed into the soil and percolate into the underground fresh water lens where, over a period of years, they may build to toxic concentrations. There is currently no monitoring of water supplies for pesticide contamination in the Bahamas to determine when these levels are reached.

Contamination of the soil itself can affect harvests by making it impossible to grow certain crops through toxic buildup. Misuse of pesticides can affect beneficial animal or insect populations and chemical residues may be left on crops intended for human consumption.

Advertising of insecticides for home use was often misleading, Mr Hedden said, and he urged care in the use of all pest control poisons. Human consumption of insecticides at home by inhalation, through the skin or by eating and drinking contaminated products could also cause serious health effects.

"The problem with most pesticides," Mr Hedden said, "is that they have no place in nature and cannot be broken down by natural processes. They therefore tend to accumulate and form harmful residues. Fresh water is always very close to the surface in the Bahamas and this has serious implications for pesticide use."

Probably the most publicised chemical for its effect on the environment is DDT which was introduced during the Second World War as a treatment for body lice. The poison was finally banned by the United States in 1973 after research had proved its harmful effects.

These included reduction of bee populations (bees are needed to propagate plants), proliferation of insect pests (by destruction of natural enemies) and decimation of bird and fish populations.

Most significantly it was found that DDT became more and more concentrated as it worked its way up the food chain and was often found in honey, milk and other products consumed by humans. In man, the chemical affected the nervous system and was associated with blood disorders and cancer.

DDT was commonly used in the Bahamas until it was banned by the United States.

Mr Hedden reported that many Bahamian farmers mix concentrated pesticides with the water in their wells, withdrawing the liquid to treat crops. This created a serious hazard, he said, particularly from the combined effects of several chemiccals and pollution of the water supply.

"We don't know enough about pesticide poisoning in the Bahamas so we have to protect ourselves from overselves," he said. "I have seen acute cases of posioning among farm workers and very probably deaths have occurred although it is often difficult to distinguish death due to pesticide poisoning from other causes. It is the responsibility of the citizen to demand protection from these dangers."

To minimise the adverse impact of pesticides on the environment, water and land resources should be protected by the controlled use of pesticides.

"The US government has an extensive monitoring system which regulates and restricts pesticide use so that the environment does not suffer serious setbacks and damage to consumers and users is minimised. This does not occur in the Bahamas," he said.

Legislation to control pesticide use in the Bahamas should provide for the licensing of importers and users, public education about the health hazards involved, regular monitoring of the environment and penalties for misuse of dangerous chemicals.

A pesticide control committee has already been formed within the Ministry of Agriculture and Fisheries to investigate the problem and draw up legislative proposals.

CSO: 5400/7544

HEALTH MINISTRY PROVIDES WASTE DISPOSAL GUIDELINES

Bridgetown ADVOCATE-NEWS in English 30 Mar 82 p 9

[Text] The Ministry of Health has said that the safe and proper disposal of sewage and domestic waste-water is a main feature of Environmental health, and that the prevention of certain diseases and the maintenance of healthy living conditions require that special attention be given to this subject area.

The Health Services (Disposal of Offensive Matters) Regulations, and the Health Services (Building) Regulations, explicitly state the requirements for safe waste-water disposal. The contravention of these regulations or the Health Services (Nuisances) Regulations could result in the offender being fined, imprisoned or both.

The Ministry of Health requires different waste-water disposal facilities depending on proximity to protected water resources, existing subsurface soil conditions and type of proposed development. Septic tanks, grease traps and other facilities may be required.

It is important to note that septic tanks, and grease traps require periodic cleaning if they are to function properly. Septic tanks should be desludged approximately every two to three years, and grease traps (at commercial establishments) sometimes several times per day.

Disposal systems that are improperly designed, improperly constructed and ill-maintained may become problematic. Disposal wells or soakaways may become clogged and incapable of accepting the waste-water. This can lead to well or manholes overflowing with resulting odours, nuisances and other public health threats arising.

In such situations, Septic Tank Emptiers (Vacuum Trunks) can provide temporary relief by lowering the level of waste-water in the wells or soakaways. It is important to realise the source of the problem and make the • necessary alterations to prevent the recurrence of these undesirable conditions, such as desludging septic tanks, provision and maintenance of a grease trap, removal of biological growth on the walls of a waste-water well, etc.

The Ministry of Health has realised the waste disposal problems associated with densely populated, low-lying areas, and the Bridgetown Sewerage System was constructed to alleviate some of the problems. A facility to accept the waste from Vacuum Trucks has also been incorporated into the Bridgetown Sewage Treatment Plant.

Furthermore, the feasibility of sewering the south coast, west coast and greater Bridgetown areas is soon to be examined with the assistance of the Inter-American Development Bank.

However, it is important to realise the individual responsibilities of house owners in connection with safe waste-water disposal and the preservation of a healthy living environment.

It should be noted that the reported practice of discharging waste-water into the sea via pumps should not be condoned by any law-abiding person. This practice can severely effect the marine environment, leading to the possible destruction of coral reefs and thereby contributing to the beach erosion and other negative occurrences.

The public should assist the governmental control agencies responsible for environmental protection by refraining from this practice. Public-minded citizens observing such activities should notify Ministry of Health authorities, but, more importantly, they should raise their objections with the person carrying out these practices which directly contravene existing legislation.

Finally, public assistance in the prosecution of such persons would act as a further deterrent to such perpetrators.

The continuance of the proper health conditions in Barbados and the maintenance of a clean environment require the attention and cooperation of all. The proper and safe disposal of waste-water is one area where public cooperation is of the utmost necessity. –

CSO: 5400/7541

ONCHOCERCIASIS PREVENTION NOT ENOUGH, TREATMENT NEEDED

Accra DAILY GRAPHIC in English 7 Apr 82 p 3

[Article by Albert Sam: "The Blind Spot...of the Upper Region"]

[Text]

HOW would you take it if you lived in an area where it is estimated that over 100 people lose their eye-sight every year through no fault of theirs? Certainly you can imagine how gloomy and uncertain life will be!

Take it or leave it, that is precisely the plight of the people living along the Volta Basin and riverine areas of the Northern and Upper Regions. These areas are Onchocerciasis (popularly known as River Blindness) infested areas where the Black fly (simulium damnosum) is causing a lot of havoc to the rural communities

As I journeyed through the Lawra District, along the Kamba River, then to the Tumu District along River Sissili to the Western part of the Navrongo District (Nakong area) and to Pwalugu, Bongo and Nangodi in the Bolgatanga District and finally to the Tamne River basin of Garu-Tempane in the Bawku District, I needed nobody to tell me of the hopelessness of the situation.

Indeed, the people in these Onchocerciasis infested area are living in utmost despair as over 60% of the people including children are either blind or in the process of losing their eye-sight.

It is a pathetic sight to visit places like Kanseringa, Kabre, Adabe, Sekoti, Aurigu, Nakong and especially Goa where majority of the rural folk is blind. One may ask why the situation continues to deteriorate despite the existence of the Wold Health Organisation (WHO) sponsored Onchocerciasis Programme.

The answer is very simple. The Oncho Programme has since its inception been pre-occupied with the possibility of eliminating the black fly from the infested areas. The result is that there has been a complete neglect in the area of control and treatment and has thus hardly made any meaningful impact.

The only way out is for the Programme to embark on an intensive public education campaign especially in the infested areas and also operate mobile clinics to treat the victims and all the people since majority of them could be potential onchocerciasis victims.

This is because, illiterates as they are, the people would rather readily patronize a programme which would be brought to the door-steps than the present programme which is urban biased.'

Infact the disease is doing a lot of harm to the people and is also a setback to agricultural development in an otherwise rich farming area in view of the fact that most of the victims who are now blind are reputed to have been very good and progressive farmers.

CSO: 5400/5940

BRIEFS

MEASLES OUTBREAK--About 60 children have died and not less than 50 others are on the sick list following an outbreak of measles at Abrem Berase, near Elmina in the Central Region. This was disclosed by the Omanhene of the Abrem traditional area, Nana Agyemang Kyiriwia Kodie Ababio II, when the Central Regional Secretary, Mr Kofi Acquaah-Harrison visited the area. The Omanhene described the situation as pathetic and attributed it to the absence of a health centre in the town. He therefore appealed to the Regional Secretary to ensure the speedy completion of a health centre under construction at Abrem Agona to cater for the health needs of the people in the area. [Excerpt] [Accra DAILY GRAPHIC in English 1 Apr 82 p 1]

MEASLES OUTBREAK BRING DEATHS--There is an outbreak of measles at Nsuta Kwamang in Ashanti and more than 60 children are said to have died since the beginning of last month. The rate of death is said to be two to three a day. Speaking to a GBC [Ghana Broadcasting Corporation] correspondent the health superintendant of the Kwamang clinic, Mr Owusu Ansah, said between 40 and 50 cases are treated everyday. He explained the situation has gone out of control because vaccines needed for treatment are (?stored) about 16 miles away since there is no electricity supply at Kwamang. The health superintendant is, however, hopeful that with enough vaccines, the situation can be brought under control within 2 weeks. [Accra Domestic Service in English 2000 GMT 4 May 82 AB]

CSO: 5400/5958

BRIEFS

ANTIMALARIA DRIVE--New Delhi, 14 Apr (AFP)--The drug-resistant falciparum strain of malaria has spread from northeast India to many other parts of the country, director of the state-run Indian Council of Medical Reserach (ICMR) Professor V. Ramalingaswami has warned, talking to the PRESS TRUST OF INDIA (PTI) here. He noted this variety of malaria strain had even appeared in the eastern part of Africa, hitherto free of the falciparum strain. The ICMR chief disclosed that his organisation had launched a three-pronged attack to control the incidence of the disease in India. He said the council had stepped up the level of funding for malaria control research and launched 25 schemes in different parts of the country. In addition, two [words illegible] under the ICMR, were devoted to operational aspects of malaria control, ecology and vector control, chemotheraphy and drug resistance. The three-pronged anti-malaria drive consisted of improved vector control, better drugs against chloroquine-resistant malaria, and an integrated environmental control involving "source reduction, naturalistic methods, people's participation and selective use of chemical and biological agents," Prof Ramalingaswami said. [Text] [BK150245 Hong Kong AFP in English 1432 GMT 14 Apr 82]

CSO: 5400/7065

BRIEFS

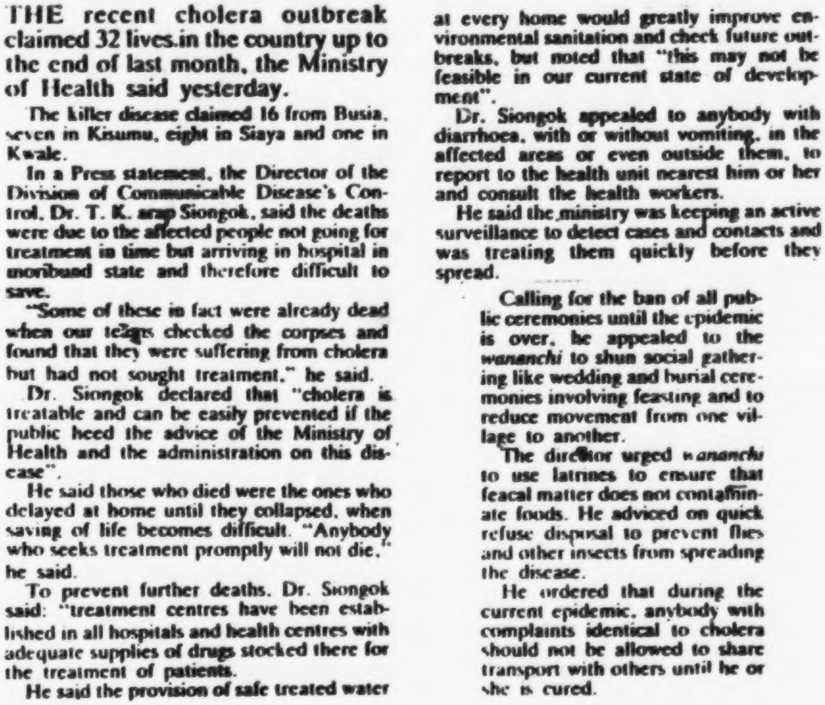
DIARRHEA IN NORTH SUMATRA--Jakarta, 23 Apr (AFP)--A severe diarrhea epidemic that swept the Lokop area of North Sumatra in the past 2 weeks has claimed dozens of lives, the ANTARA News Agency reported today. The head of Aceh health service, Burhanuddin Yusuf declined to give the exact number of victims saying he was awaiting more detailed reports from the area. Access to the remote Lokop district is difficult, and a joint medical team from Aceh and Jakarta will have to walk some 7 hours to reach the area, ANTARA added. Since the beginning of 1982, three epidemics have hit Aceh Province, but no tally of any victims was reported. The change from the dry to the wet season, between April and August is known as the most dangerous period for the spreading of the disease, the agency said. [Text] [Hong Kong AFP in English 0444 GMT 23 Apr 82 BK]

CSO: 5400/5951

CHOLERA HAS CLAIMED 32 LIVES REPORTS MINISTRY

Nairobi THE STANDARD in English 17 Apr 82 p 3

[Text]



THE recent cholera outbreak claimed 32 lives in the country up to the end of last month, the Ministry of Health said yesterday.

The killer disease claimed 16 from Busia, seven in Kisumu, eight in Siaya and one in Kwale.

In a Press statement, the Director of the Division of Communicable Disease's Control, Dr. T. K. arap Siongok, said the deaths were due to the affected people not going for treatment in time but arriving in hospital in moribund state and therefore difficult to save.

"Some of these in fact were already dead when our teams checked the corpses and found that they were suffering from cholera but had not sought treatment," he said.

Dr. Siongok declared that "cholera is treatable and can be easily prevented if the public heed the advice of the Ministry of Health and the administration on this disease".

He said those who died were the ones who delayed at home until they collapsed, when saving of life becomes difficult. "Anybody who seeks treatment promptly will not die," he said.

To prevent further deaths, Dr. Siongok said: "treatment centres have been established in all hospitals and health centres with adequate supplies of drugs stocked there for the treatment of patients.

He said the provision of safe treated water at every home would greatly improve environmental sanitation and check future outbreaks, but noted that "this may not be feasible in our current state of development".

Dr. Siongok appealed to anybody with diarrhoea, with or without vomiting, in the affected areas or even outside them, to report to the health unit nearest him or her and consult the health workers.

He said the ministry was keeping an active surveillance to detect cases and contacts and was treating them quickly before they spread.

Calling for the ban of all public ceremonies until the epidemic is over, he appealed to the *wananchi* to shun social gathering like wedding and burial ceremonies involving feasting and to reduce movement from one village to another.

The director urged *wananchi* to use latrines to ensure that feacal matter does not contaminate foods. He adviced on quick refuse disposal to prevent flies and other insects from spreading the disease.

He ordered that during the current epidemic, anybody with complaints identical to cholera should not be allowed to share transport with others until he or she is cured.

CSO: 5400/5942

KENYA

MINISTER TO TOUR CHOLERA AREAS

Nairobi DAILY NATION in English 12 Apr 82 p 3

[Text] HEALTH Minister Mukasa Mango will tour the cholera-hit areas of Busia and Siaya districts tomorrow and Wednesday.

During the tour on Tuesday Dr. Mango, accompanied by Ministry officials from headquarters, will hold discussions with local health officials and Busia District Commissioner Zacharia Orwa before inspecting Busia District Hospital.

The team will then proceed to Nambale, Amukura and Khunyangu health centres where some cholera patients are being treated.

On Wednesday the Minister will make a similar tour in Siaya District where he will inspect Siaya District Hospital and see other health centres in the area before going to Kisumu where they will hold discussions with the Nyanza PC.

Meanwhile, medical teams from Nairobi are working round the clock to fight the epidemic. A team of health educators led by Mr. Mark Acham, a senior information officer in the Ministry, have organised film shows at various centres in the district in a campaign against cholera.

Mr. Acham said wananchi were being mobilised to become self-educators on the importance of observing high standards of hygiene. And he has appealed to churches and schools in the area to assist in the campaign.

●The migration of young people to urban areas in search of employment and other social economic activities have brought about a considerable change of lifestyle in the rural areas.

Dr. Mango said this in his speech during the World Health Day celebrations recently.

He said the aged suffer from old age directly or problems of socio-economic nature.

Busia South MP Peter Habenga Okondo has congratulated the Government on initiating anti-cholera measures in his constituency. After a tour of the constituency, Mr. Okondo suggested that in Bunyala South, the Government should increase the number of cholera camps from one to five.

CSO: 5400/5942

CHOLERA ORIGINATED IN UGANDA, SAYS MANGO

Nairobi THE STANDARD in English 8 Apr 82 p 3

[Text] THE recent outbreak of cholera in Busia District originated in Uganda, the Minister for Health, Dr. A. Mukasa Mango, has said.

The Minister said this when he held discussions with the American Ambassador to Kenya, Mr. Willam Harrop, who called in his office yesterday.

Dr. Mango, who stressed the need for high standards of hygiene as a vital measure to be undertaken by people in the affected areas, said the country needed assistance for a permanent solution to the cholera epidemic.

The Minister said "our main problem is that we share a common border with Uganda because the current cholera outbreak has been traced to Uganda."

The Director of Medical Services, Dr. Karuga Koinange, who also attended the discussions, said following the deployment of a team of medical personnel from Nairobi to reinforce those in Western Kenya, the cholera situation in Busia and Siaya was now improving.

He said the Government was capable of dealing with the situation and there was no problem in supplying anti-biotics to the affected areas, ruling out the question of vaccinating people.

Saying that a few cases of the epidemic had been traced in Nairobi, Dr. Koinange, who confirmed to the Ambassador that there was a cholera epidemic in the country, however, said the issue had been overplayed.

Dr. Mango and Mr. Harrop discussed the funding of various medical facilities in the country, including the Kitui rural health project for which a US $9 million agreement will soon be signed by Kenya and the U.S. The project will also benefit from funds provided by the Kenya Government.

Meanwhile, at another function, Mr. Harrop told the Minister for Environment and Natural Resources, Mr. Peter Oloo Aringo, his Government would strengthen and increase the Peace Corps programme in the country.

The Minister had asked for Peace Corps assistance in the afforestation programme.

Presently, many of the Peace Corps volunteers work as teachers, others in water technology, women extension services, and fish pond development. Mr. Aringo said *wananchi* were being encouraged to plant village or community forests and would be given bank loans to develop such forests.

Mr. Aringo said the Government could presently produce 38 million tree seedlings annually, but this was not sufficient for the country's afforestation program-

CSO: 5400/5942

BRIEFS

CONJUNCTIVITIS IN BEIRA--A reliable source from the Ministry of Health told NOTICIAS that the conjunctivitis outbreak in Beira and Maputo, still in its initial stage, should not be considered a cause for alarm. According to an explanatory notice from the National Directorate of Medical Assistance, the illness does not prevent normal attendance at work, except in particularly severe cases and in occupations which require continual eye strain. The directorate recommends a visit to the health center at the very first sign of illness in order that the quickest possible diagnosis and correct treatment be made. Conjunctivitis is an infectious and contagious eye disease. It causes an annoying sensation, itching, inflamation of the eyes and eyelids and, at times, pain. According to the above source, conjunctivitis is an endemic disease in this country, appearing at times under epidemic conditions, as is now occurring in some places. [Excerpt] [Maputo NOTICIAS in Portuguese 5 Mar 1982 p 10] 8870

TUBERCULOSIS INCIDENCE DOUBLED IN 1981--According to a document circulated among our editorial staff, combating tuberculosis in Mozambique has priority in the public health national programs. In our country the antituberculosis strategy involves a diversity of health activities, foremost among which are prevention of the disease, forestalling its spread, as well as diagnosis, treatment and supervision of patients and family members. The document noted that in colonial times in Mozambique, tuberculosis was treated as an ambulatory service in designated antituberculosis dispensaries, which did not include all the people; it stressed the need to include the whole community in the strategy of combating this disease. According to the document, the Ministry of Health, through work undertaken last year in the special fields of tuberculosis and leprosy, supervised and aided 60 percent of the districts in our country. However, on noticing this year that the battle plan demanded greater organizational capability, it succeeded in uniting some of the widespread activity. At the end of 1981, it was verified that the number of patients from previous years had doubled; the above-mentioned document added that, in the meantime 72 percent of recorded tuberculosis cases are now under control. Another project which contributed to the effectiveness of the fight against tuberculosis was the decentralization of the health program. This move made possible the expansion of the laboratory network throughout the whole country. According to the document, in 1976 this country had 35 laboratories, a number which last year rose to 122 and by the end of 1982, there will not be a single district without a laboratory. [Excerpts] [Maputo NOTICIAS in Portuguese 30 Mar 82 p 3] 8870

CSO: 5400/5929

BRIEFS

BED BUG BITE CAUSES FEVER--Chandragadhi, April 16--People in Sivagunj village panchayat of Jhapa district have started suffering from fever caused from bed-bug's bite, it is learnt from zonal hospital, reports RSS. Sivajung health post had provided the bed-bugs and blood samples of the patients suffering from the disease to the zonal hospital. [Kathmandu THE RISING NEPAL in English 17 Apr 82 p 4]

MALARIA CASES ON INCREASE--Birgunj, April 17--The number of malaria patients in Nepal has gone up by 15,978 in 1981, reports RSS. Only 159 persons were found suffering from malaria in 1963 after taking sample boold collection from 67 thousand persons under the surveillance programme. After 19 years 15,978 persons are found suffering from malaria after conducting sample survey on 1.397 million persons out of a population of 8.751 million. Out of the malaria patients 3,773 persons had come from outside the country and 624 came from the hills with the altitude below 4 thousand feet. Regionwise, the distribution of malaria patients is stated to be 2,110 in the Eastern Region, 4,759 in the Central Region, 3,558 in the Western Region and 1,483 came from the Far Western Region. The number of malaria patients in the country in 1980 was 13,033. [Kathmandu THE RISING NEPAL in English 18 Apr 82 p 1

MEASLES, WHOOPING COUGH OUTBREAK--Kathmandu, April 19--Doctors and medicines are being sent to Dhading tomorrow morning following an outbreak of measles and hooping cough there, the infectious diseases control division states, reports RSS. Medical services have also been extended to Humla, Jumla, Kalikot, and Mugu where there has been an outbreak of hooping cough, it is stated. Meanwhile another outbreak of measles and hooping cough, in Panchthar, was brought under control three weeks ago. The resources of the local health posts and the services extended by the vaccination project proved inadequate for dealing with the outbreak of hooping cough and measles in Changibazar, Pancha and Dhungamand Dewantar village panchayats in Bhojpur, it is stated. The sivision was not informed about this outbreak, it is also learnt. [Kathmandu THE RISING NEPAL in English 20 Apr 82 p 6]

MEASLES REPORTS--Mahendranagar, April 1--The Kanchanpur district hospital has treated two hundred measles patients in the past two months. According to the hospital sources, six measles patients, on an average, are visiting the hospital daily. Meanwhile, it is learnt that the hospital has run short of medicines necessary for treating the measles. RSS [Text] [Kathmandu THE MOTHERLAND in English 2 Apr 82 p 2]

MALARIA INCREASE REPORTED--Birgunj, April 6--The number of malaria patients is reported increasing in Narayani Zone since the last three years, reports RSS. According to the regional malaria eradication office located here, the malaria patients had totaled 3372 in 1979 but the number soared to 4197 in 1980 and 4998 in 1981. A large number of malaria cases is found in Rautahat district of Narayani Zone, where stagnant water at many places has been a breeding ground for mosquitoes. Meanwhile malaria control activity in Sarlahi and Dhanusha district has been adversely affected by the shortage of malathion, the insecticide used to control mosquitoes. Last year 4,031 malaria patients were found in Janakpur Zone, 450 in Bagmati Zone and 417 in Naryani Zone, it is learnt. [Text] [Kathmandu THE RISING NEPAL in English 7 Apr 82 p 3]

CSO: 5400/5937

INTERNATIONAL EXPERTS ON TUBERCULOSIS MEET NEAR PRETORIA

Ineffectiveness of Campaigns

Johannesburg THE CITIZEN in English 15 Apr 82 p 12

[Selections from reportage by Keith Abendroth]

[Text] **A LEADING international medical expert on tuberculosis yesterday questioned the effectiveness of anti-TB campaigns in Africa.**

Dr Pierce Kent, of Ireland, said that for the past 50 years and longer the world had been steadily accumulating — "and haphazardly deploying" — a vast, potentially effective, arsenal in the fight against tuberculosis.

"But it can be seriously questioned whether the havoc currently being wrought by this disease throughout the Third World would, in fact, be any worse if these weapons had never been invented," said Dr Kent.

Chain

The basic fact was that the tuberculosis problem was essentially an infection transmission chain — and any attempt to solve the problem must fail, unless this was recognised and unless action was taken to sever the chain completely.

"And this can be done only by systematic use of the weaponry at hand," he said.

Dr Kent was one of the opening speakers at the three-day conference — a conference which will get into full swing today and tomorrow with two in-depth sessions each day on all facets of tuberculosis.

Another speaker, Dr T T Khonje, of Malawi, said that in a population of 6 million in Malawi there were 4 000 new cases of TB diagnosed every year.

This gave an incidence rate of 0,7 per 1 000 and a prevalence of 2-3 per 1 000 — and the figures had not improved in the past 10 years.

A Government TB specialist was appointed in 1969 to integrate and co-ordinate the programme, and to date 45 000 cases had been registered.

But only about a quarter of them had completed treatment, he said.

In addition, recovery from TB in Malawi was seriously hampered by co-existing deseases, such as bilharzia, worm infestations, malnutrition and malaria — while continuing drug shortages contributed to "slow recovery and prolonged convalescence".

Another visiting foreign speaker, Dr Sung Chin Kim, Director of the Korean Institute for Tuberculosis, said that the TB picture in Korea was showing a considerable decrease.

Who's Who in TB Research...

THE WORLD'S foremost experts on the international scourge of tuberculosis met at the Medical University of South Africa near Pretoria yesterday for the first of a three day in-depth conference on the problem.

Among the several hundred delegates attending the conference, are 19 leading world figures in the field, with the official guest list reading like a Who's Who in TB expertise.

For instance, from Hong Kong comes Dr M Aquinas, Medical Superintendent of the Ruttonjee Sanatorium; from Kenya, Dr F J A Aluoch of the Kenya Tuberculosis Centre; from Italy Prof C Grassi, Director of the Clinica Tisiologica; from Canada Prof S Grzybowski, head of the Respiratory Division of the University of British Columbia.

From Korea, Dr Sung Chin Kim, Director of the Korean Institute for Tuberculosis came, and from Ireland, Dr Pierce Kent; from the United States, Dr R H Liss Director of Experimental Cellular Sciences; from Germany, Prof Dr K F Petersen, Medical Director of the Institute fr Laboratoriumsdiagnostik; and from The Netherlands, Dr K Styblow, Research Director of the International Union Against TB.

The conference is being held to commemorate the discoverer of tuberculin, Dr Robert Koch.

WHO Failure Cited

Johannesburg THE CITIZEN in English 16 Apr 82 p 16

[Text] **THE World Health Organisation yesterday came under fire from a top expert on tuberculosis for alledgedly "failing to give consistently wise leadership" in the world battle against the disease.**

Dr D Shennan, specialist TB physician of the National TB Control Centre in Swaziland, told the Koch commemorative conference on TB that the world had "failed to grasp the golden opportunity to defeat tuberculosis given by the advent of effective drugs in the 1950s."

He said: "And this is because we have been unable to organise the long course of treatment required."

The problems of organisation had changed somewhat over the past 20 years and now included problems such as drug resistance, the inspanning where possible of the new powerful and expensive drugs; and the failure of the WHO to give the necessary wise leadership.

Another major problem was the breakdown of already existing anti-TB programmes, Dr Shennan said.

However, there had been one change for the better — and this was the recognition of the patients role in understanding the disease and co-operating voluntarily.

The problem in most African countries was the impractibility of introducing — for geographical and financial reasons — fully supervised six-month intensive drug regimens.

But a two-month four-drug supervised treatment followed by a further six months of treatment without supervision had now been shown to be highly effective.

They could be fitted into the existing treatment schedules of many countries without major changes to the organisation.

Dr Shennan said the most important part of a tuberculosis programme was the creation of a structure within which the willing patient could be diagnosed, educated and given full treatment.

"To this can afterwards be added the means to identify and trace patients who default from treatment."

But a central register to monitor the results of treatment and to record new patients was essential if the programme were not to lose momentum through lack of feedback, he said.

Africa's Chronic Health Problem

Tuberculosis--The dreaded consumption of Victorian days--is still a major and chronic health problem in Africa because of cultural and geographical factors.

Top South African specialist on the disease, Dr H Dubovsky, of Bloemfontein, said last night that these factors had offset the effectiveness and benefits of modern medicine in shortening treatment.

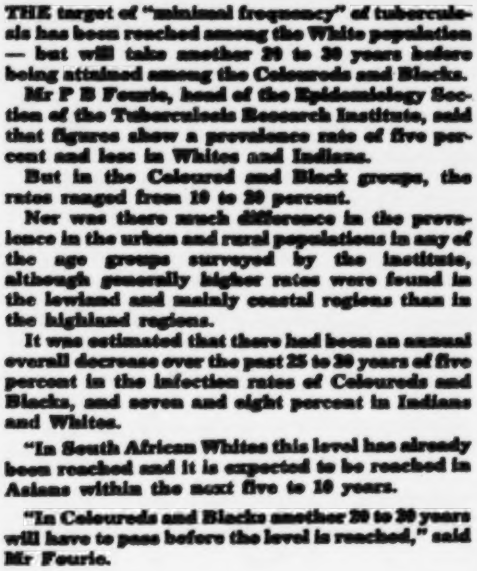
The sanatorium era of old had lessons to be learnt in the psychology and philosophy of chronic disability.

Experiences of authors such as Thomas Mann, Robert Louis Stephenson, Katherine Mansfield and Betty MacDonald had shown the necessity of reassurance as a positive therapeutic measure, and that tuberculosis affected the spirit.

Today, the progress and the demands on modern medicine and its training placed less emphasis on the personality of the patient.

An American medical school was now offering an integrated course of medicine and literature to make students aware of the human problems and the psychological effects of the disease.

Minimal Target Among Whites Already Reached



THE target of "minimal frequency" of tuberculosis has been reached among the White population — but will take another 20 to 30 years before being attained among the Coloureds and Blacks.

Mr P B Fourie, head of the Epidemiology Section of the Tuberculosis Research Institute, said that figures show a prevalence rate of five percent and less in Whites and Indians.

But in the Coloured and Black groups, the rates ranged from 10 to 20 percent.

Nor was there much difference in the prevalence in the urban and rural populations in any of the age groups surveyed by the institute, although generally higher rates were found in the lowland and mainly coastal regions than in the highland regions.

It was estimated that there had been an annual overall decrease over the past 25 to 30 years of five percent in the infection rates of Coloureds and Blacks, and seven and eight percent in Indians and Whites.

"In South African Whites this level has already been reached and it is expected to be reached in Asians within the next five to 10 years.

"In Coloureds and Blacks another 20 to 30 years will have to pass before the level is reached," said Mr Fourie.

CSO: 5400/5938

DETAILS ON INCIDENCE OF TB IN SOWETO, JOHANNESBURG GIVEN

Johannesburg SOWETAN in English 2 Apr 82 p 9

[Text] **ONE person's contact with the fast-spreading tuberculosis may produce close to 20 new cases in Soweto alone.**

In view of the socio-economic situation there, the City Health Department appeals to the community to take note of the importance of treating the disease.

The department's personnel often encounter problems with unregistered tenants during home visits. They refuse to give their correct names and addresses out of fear that they may be raided by the administration boards for illegal tenancy.

On the other hand, they may have fallen foul of this highly infectious disease. Personnel use permit files to identify the close contacts of the TB patient.

The senior deputy of the Medical Office for Health, Dr C E Newbury, appealed to the community to co-operate with the department staff as they were merely trying to help decrease the number of victims of the disease.

Another problem area lies with migrant labourers, who are either unidentifiable as a result of influx control or go back to the homelands and discontinue treatment.

Treatment

Dr Newbury says the department should be notified in time so as to arrange for a continuation of treatment of the disease in the homelands.

"If the patient does not take medicine regularly, the tubercule bacillus develops resistance to treatment. A man can develop an allergy to the drug, especially the more powerful drugs," he said.

"Drugs have to be taken in the right combination. We use at least four drugs at one time on a patient, and one needs to note that the department spends about R30 a month on one drug only," says Dr Newbury.

He says treatment is free, adding that his department (which covers Johannesburg) has the best medicine, which is not available in other countries.

Patients are also X-rayed at no cost and for patients in dire financial straits the department provides a feeding scheme comprising milk powder, Maltabella, peanut butter and vitamins in the form of pills.

The Johannesburg SANTA has a total of 2 340 TB cases. Of these 2 146 are black, with about 700 hospitalized.

The signs and symptoms of TB are:

- Persistant cough.
- Tiredness or weakness of the whole body.
- Loss of weight.
- Loss of appetite.
- Night sweats (even when it is cold).
- Pains in the chest.
- Blood-stained spit or coughing up blood.
- Breathlessness.

Should you notice the above, you should contact your nearest clinic.

CSO: 5400/5938

CHOLERA, DIARRHEA PREVENTION SLIGHTED

Colombo SUN in English 6 Apr 82 p 7

[Article by Lucy Thomson]

[Text] In its wake, the prolonged drough has left us with yet another problem the cholera epidemic. While fresh cases keep adding to the tally of the afflicted, many people have succumbed to this fell disease.

Virtually every year, the health authorities have a cholera epidemic on their hands. To what extent have public health officials taken preventive action so that a recurrence of the disease will not plague us? This time, the epidemic has struck the urban folk right in the city of Colombo. The source of the infection is said to be the Kelani River.

Moving sluggishly following the drought, this waterway is an ideal breeding ground for the deadly cholera microbe. The "bridge people" and others like them who are short of water for bathing and cooking purposes depend on the kelani for this precious liquid. They bathe in it clothes are washed in it; grubby children are scrubbed along its banks. The river often serves as a watering point for cattle.

......NOTICES WITHOUT ...... CLLEAN WATER

Small wonder, then, that the water in the river is suspect. Putting up notices to warn the people that the water is contaminated and that they should refrain from using it will not have the desired effect. In the absence of cleaner water, the poor slum-dwellers of the area will continue using the Kelani river—epidemic or no epidemic.

As long as impure water is used by the populace the chances of the epidemic chances spreading to other parts of the country are more than likely. Therefore, the situation is grave and calls for prompt action, leaving no room for complacency. If the preventive side of our health service had received more emphasis and an infusion of larger funds over the last decade, epidemics could have been quelled like smallpox.

SCANT CONCERN

Even a casual observer could not have failed to discern that over the years, Sri Lanka's politicians as well as the people have shown scant concern for the preventive side of the nation's health service. At the same time, it is evident that more money, personnel & services are diverted to the curative side of the health service than is channelled to preventive action. The net result of this exercise is that scarce resources are expended rapidly in setting right what could have been prevented altogether.

It need hardly be stressed that the provision of clean water and sanitation especially to the rural folk in the hinterland of the country who lack even basic amenities, will reduce the incidence of water-borne diseases like cholera typhoid gastro-enteritis heapatitis, dysentery, hookworm, severe diarrhoea.

DIARRHOEA AND DEATH

Many people die, year after year, of these diseases that can easily be prevented. Hundreds of children succumb to diarrhoea. This needless loss of life is often due to parental ignorance and carelessness which makes some mother try various home remedies without seeking prompt medical attention when their children develop diarrhoea. All too often, an infant is rushed to the OPD when dehydration has set in and the condition of the infant is low. Thus, a valuable life is lost even before the little one has a chance to live! While hundreds die, increasing numbers of patients are [illegible] indoor treatment and cured of water-borne diseases which are preventable.

CAUSES FOR DISMAY

In this manner, public money is spent on drugs, linen, food for patients, services etc.

"An ounce of prevention is worth a pound of cure," runs the well-known adage, but anybody taking a long, hard look at Sri Lanka's health services may well throw up his hands in dismay and ask, "Where's the ounce of prevention?"

CSO: 5400/5941

BRIEFS

FILARIA ALARM IN PANADURA--The increase in filaria is causing alarm in the Panadura MOH's division. Many positive cases have lately been detected and a blood test of the residents is being carried out by the MOH's Department. [Colombo DAILY NEWS in English 3 Apr 82 p 1]

CSO: 5400/5941

BRIEFS

DISEASE SPREAD--Thirteen people who are feared to have contracted a form of diarrhea known as (Chapaloze) disease have been admitted into the district hospital. The disease has so far affected 40 people in the district. According to the district medical officer, Dr (Costa Maria), the disease is believed to be caused by bacteria called (Shugela) and spread by flies. The patients complain of stomach ache, followed by diarrhea accompanied by blood discharge. He said during a survey of the areas from where most of the patients come, a health officer in the district found out that the areas were hard hit by water shortage. Most of the patients came from Ngulani and Kurasini. Dr (Maria) appealed to all residents of Temeke to ensure cleanliness of their surroundings. He added that his hospital was still receiving patients suffering from the disease. [Text] [EA300648 Dar es Salaam in English to East Africa 1600 GMT 29 Apr 82]

DEATHS FROM DIARRHEA OUTBREAK--Zanzibar: At least 10 people died and 200 others were hospitalized in Zanzibar following an outbreak of diarrhea. The senior medical doctor at the V.I. Lenin hospital, Dr (Swali), told newsmen yesterday that of the patients who came to the hospital every day, some 20 to 30 received treatment for disease, which broke out 2 months ago. He said that to date the origin of the disease is not known and that investigations are still going on. Dr (Swali) said that some of the patients who visited the hospital had diarrhea while others had haemorrhagic diarrhea. However, the investigation carried out by the V.I. Lenin hospital in conjunction with the Muhimbili hospital has failed to establish whether the disease was dysentery. Meanwhile, the Zanzibar city council together with the department for prevention have banned the import of all fruit and vegetables from outside Zanzibar following the outbreak of Diarrhea. [Text] [Dar es Salaam Domestic Service in Swahili 0700 GMT 29 Apr 82 LD]

BAGAMOYO DISTRICT CHOLERA INCIDENCE--Six people have died from cholera which entered Bagamoyo District on 22 February this year. During this period, a total of 171 people have been stricken by this disease in this district. [Text] [Dar es Salaam UHURU in Swahili 23 Apr 82 p 1]

TARIME CHOLERA--Tarime--One person was admitted at the district hospital here and three others treated and discharged for cholera. The District Medical Officer, Ndugu Sali, has called on the people to observe quarantine regulations. [Text] [Dar es Salaam DAILY NEWS in English 8 Apr 82 p 1]

CHOLERA PERSISTENCE IN DODOMA--Dodoma--The Dodoma Regional Anti-Cholera Committee meeting yesterday concluded that cholera had persisted in the region because of the people's failure to observe quarantines and health precautions. The committee, which met under the Regional Medical Officer, Ndugu J.A. Tesha, blamed Party and Government leaders at ward and divisional levels for lack of seriousness in effecting the quarantines. [Text] [Dar es Salaam DAILY NEWS in English 3 Apr 82 p 3]

CSO: 5400/5939

PUBLIC HEALTH VICE MINISTER ASSESSES MEDICINE SHORTAGE

Hanoi NHAN DAN in Vietnamese 16 Mar 82 p 3

/Article by Pharmacist Nguyen Duy Cuong, Vice Minister of Public Health: "Concerning the Medicine Problem"/

/Text/ The present medicine situation is very serious. Many questions have been raised: which medicines do we lack? Why are medicines being indiscriminately sold on the market without being controlled? Why are we not using the very many drugs that we have? How must we solve this problem?

This is, of course, an abnormal situation in life, one that we must clearly understand and accurately evaluate, one concerning which we must take correct measures in order to resolve this problem in a proper and timely manner.

Facts That Must Be Known Concerning Medicines

Before delving into the main issues and searching for basic guidelines for resolving this problem, it is necessary to establish a number of facts.

To begin with, we must have an understanding of the nature and characteristics of medicines.

Medicine is an essential consumer good in the life of the people and a special product that has a decisive impact upon the health and life of man; therefore, there must be special regulations governing the production, management, storage, distribution and use of medicines.

The person who determines how a medicine should be used must be the physician, that is, the person who directly diagnoses and determines an illness. As a result, society's need for medicine is very heavily dependent upon diagnosis and treatment; at the same time, it is determined by the illnesses among the people, the scope of the public health network and the quality of medical examination and treatment. In addition, the knowledge and habits of the people also play a very important role. If there were reasonable and uniform medical treatment charts, if the diagnosis of illnesses was highly precise, if instructions in the use of medication were closely followed, if we avoided "surrounding" an illness, avoided trying to save face by writing prescriptions to suit the requests of patients and avoided the abuse of medicine for many different reasons, the supplying and the use of medicine would be correct and wholesome.

For many years, "closely coordinating traditional national medicine with modern medicine" and "practicing self-reliance while seeking aid from the outside and developing international cooperation," the public health sector has taken positive steps to research, exploit and develop natural drugs and, as a result, has accelerated the production of drugs from domestic raw materials and created a significant source of supply for society.

As regards the raw materials for medicines, four sources are generally cited:

--Natural drugs consisting of plants (natural pharmaceutical materials), animals (animals used to make medicine) and minerals;

--The viscera of animals, especially cattle and hogs;

--Chemicals, especially synthetic chemicals, which are the basis of the pharmaceutical industry, which encompasses the production of raw materials as well as the production of finished pharmaceutical products;

--Antibiotics extracted from fungi and synthetic antibiotics.

In the history of world pharmacology, the first two sources existed at the very outset; the second two sources only appeared in the 20th Century in conjunction with the development of science, technology and heavy industry. As a result, not every country has achieved the level of development for providing itself with all the raw materials needed to make medicines or providing its people with an ample supply of medicine.

To meet the needs of the people, every country must formulate a medicine strategy based on its own circumstances; in actuality, however, because the political and economic lines of each country differ, the need for medicine is not met in the same way in each country. As regards meeting the need for medicine, there are three different types of countries:

--The developed capitalist countries in which pharmaceutical houses compete with one another to put tens of thousands of finished products on the market (not all of which are efficacious) and patients can purchase all drugs prescribed for them.

--The developed socialist countries, which have adopted the guideline of using wholesome drugs and meeting the reasonable medicine needs of the people. The variety of products, the quantity of medicines and even the packaging of medicine are consistent with these needs in the spirit of providing medicine at low cost and providing everyone with convenient medical care.

--The developing countries, which are countries that are unable to provide their people with ample medicine. If correct political, economic and social lines are adopted, these countries will build for themselves an independent and autonomous pharmaceutical sector and meet medicine needs by making full use of existing domestic capabilities. If an independent and autonomous line is not adopted, the medicine problem can only be resolved by importing medicine in accordance with domestic economic capabilities, with the upper classes enjoying the benefit of these imports while the mass of people use national medicine, a large part of which is based on superstition.

Of course, our country is among the first group of the developing countries.

Why Is the Medicine Situation So Serious?

We do, of course, face many difficulties. Neither the quantity of medicine nor the variety of medication fully or promptly meet the needs of the people. There are three main reasons for this:

1. Our sources of medicine are still limited. Over the past several years, we have created sources of medicine in two primary ways: domestic production and imports.

Domestic production has constantly increased over the past several years, especially the production of medicines from domestic raw materials. However, due to the shortage of raw materials, both imported and domestic, due to the lack of secondary materials and packaging material (such as glass) and due to the very rapid rate of population growth, the total output of medicine as well as the output of each type of medicine per capita and the volume of sales have not been maintained at levels achieved several years ago. Moreover, the list of products does not meet requirements, there is an inadequate supply of ordinary products and the quality of some types is not truly maintained.

There are some products that we are unable to produce or cannot produce in adequate quantities, such as special purpose medicines, medicines for emergency treatment, tranquilizers and so forth, consequently, we must import them. However, our foreign currency is limited at a time when international drug prices are constantly increasing and drugs are sometimes unavailable or only available in small amounts on the market, consequently, the quantity of drugs imported has also declined.

2. The distribution of medicines is not being carried out well. We have established a rather widespread distribution network extending from the central to the village and subward levels, a network that operates on a rather uniform basis and has a corps of cadres who are experienced, are rather highly skilled in science and technology and are rather proficient in their profession. However, within the disease prevention and treatment system, subsidization is still widespread; within the business system, the bureaucratic style and authoritarian attitude are rather widespread. Regulations are still haphazard and pose a bother, medicine is not reaching the hands of patients and medicine is not being widely supplied at the most convenient times, during the evening and after work hours.

The variety of products is not good. Ordinary medicines are in short supply or unavailable. Medicine that is sold is not suited to the time of year or the patient, especially with regard to children. Sometimes, the quality of medicine is not truly maintained.

At many places, distribution is still haphazard, does not fully comply with policies and is not uniform, reasonable or fair among localities and units. In some cases, medicine is distributed on the basis of personal feelings. In some cases, abuses have occurred. Production and business regulations are not fully implemented. The theft of medicine in conjunction with loose market management and profiteering have caused additional difficulties in distribution.

Although we do not have a large supply of medicine, if distribution were improved, the situation would improve and some types of medicine would not be in extremely short supply.

3. Incorrect use.

We have yet to establish complete standards and quotas. The standards and quotas that have been established are outmoded but have not been promptly revised. The system of subsidies has caused persons to demand more and to not practice appropriate economy when using medicine. Each citizen receives two medical examinations each year; if one less pill was taken each time, we could put into storage more than 100 million pills, which is clearly a truly large figure.

As regards physicians, some do not have a full knowledge of diseases or drugs and easily fall into the practice of prescribing very many drugs in order to "surround" an illness. Some physicians, especially at cadre hospitals, who try too hard to safe face by writing prescriptions requested by their patients. There are also persons who do not have confidence in medicines produced by us and, as a result, place heavy emphasis upon imported medicine and write prescriptions entirely for imported medicines.

Patients have many unwholesome tastes, purchase medicines at the advice of friends, prescribe drugs for themselves and demand types of medicines based on their own opinions.

Formulating a Medicine Strategy

Such is the serious situation surrounding medicines. We have clearly analyzed its causes. We cannot simply criticize or passively accept this situation and then sit and wait. Nor can we resolve this situation in a piecemeal fashion. Rather, we must take basic and comprehensive steps or, in other words, must adopt a medicine strategy for the next 15 to 20 years.

To begin with, we must establish broad guidelines. In our country, the direction of efforts must be natural pharmaceutical materials: this is the immediate solution to this situation and also our long-range task. There is a rich variety of natural pharmaceutical materials in our country and they grow rapidly in our tropical climate; some types are of high value in the treatment of disease and if we were determined to make appropriate investments in their research and development and if we established a suitable organization, policies and management structure, atural pharmaceutical materials would yield many scientific and economic returns. This does not mean that we should rely totally upon natural pharmaceutical materials to provide all the medicines needed within the country because, in addition to natural pharmaceutical materials, antibiotics and chemical drugs must still be supplied to medical science and are very basic types of drugs. On the other hand, we also cannot rely upon the exportation of natural pharmaceutical materials to import the other types of drugs without giving attention to developing the chemical drug and antibiotic industries. Our country, although small in size compared to many other countries, has a rather large population (the 15th or 16th largest in the world) and must establish an independent and autonomous pharmaceutical system. We cannot rely upon supplies from foreign countries. Chemical drugs and antibiotics are extremely necessary for humans and livestock, are needed in large quantities and represent a high percentage of the drugs used; they cannot be replaced by any natural pharmaceutical materials, including antibiotics derived from vegetation; therefore, building the chemical drug industry and the antibiotic industry is a task that parallels developing the use of natural pharmacertical materials, even though immediate priority must be given to natural pharmaceutical materials.

Moreover, because chemical drugs and antibiotics require a high level of technology and large, concerted investments, we cannot raise the matter of developing these industries all at once, rather, they must be developed gradually in accordance with existing capabilities and in accordance with the annual growth in our capital and technology. Therefore, developing natural pharmaceutical materials is the foundation and the first step, a step that is consistent with our guideline of practicing self-reliance and making gradual but steady progress.

By following this course, the pharmaceutical sector hopes to realize its very practical dream of helping to bring prosperity to the fatherland, with its immediate goal being to help create the material conditions needed to develop health care, something which usually develops slowly under the circumstances of a poor country, in the spirit of "using natural pharmaceutical materials to support the science of medicine." However, we are determined not to see only economic benefits and relax our effort to achieve the highest possible efficacy in the prevention and treatment of disease, considering this to be our primary goal.

Under these guidelines, the number one concern of the pharmaceutical sector is how to provide medicine to the people. In keeping with this requirement, we must, in view of our present circumstances, perform the following jobs:

1. Create sources of medicine; we advocate that the following three steps be taken at the same time:

a) Continuing to strongly develop the pharmaceutical industry and producing finished products for use in the prevention and treatment of disease. On the one hand, we must replan production installations by product group; on the other hand, we must strengthen the state-operated enterprises (on the central as well as the provincial levels). At the same time, we must accelerate production at the district pharmacies and create the conditions for the village level and medical treatment units to produce a number of certain types of medicine. Of course, there must be a division of labor among the various levels of treatment in order to avoid duplication. We can permit a number of cooperative teams and skilled persons to participate in the production of some products within a certain number of fields under the guidance and control of the state public health agencies and using entirely domestic raw materials.

As regards the raw materials for state-operated production, in addition to a number of types of chemicals or antibiotics that we must continue to import because we have not achieved self-sufficiency in them, the primary source must continue to be domestic, natural drugs.

We must attach full importance to the efficacy of medicines and constantly endeavor to improve their quality. We must give special attention to establishing a reasonable variety of products, one consisting primarily of the ordinary types of medicine used in the treatment of disease, especially the types needed by the people.

We estimate that, by taking this course, the products produced on all levels, both by mechanized and manual means, will meet approximately 50 to 60 percent of the needs of the people.

b) Restoring the practice of preparing drugs on the basis of prescriptions. Before they reach their present level of development, the production and supplying of medicine to each patient in the industrially developed countries underwent a period of development in which medicine was prepared on the basis of prescriptions, a practice that was very popular 40 or 50 years ago. We cannot do what they did nor should we imitate them in order to try to produce finished products which our industry does not have the capabilities, either in terms of raw materials or pharmacology, to produce. However, the preparation of medicine on the basis of prescriptions from such semi-finished products as ointments and pastes derived from vegetation will help us to make full use and develop upon the strongpoints of domestic pharmaceutical materials.

The preparation of medicine would be widely carried out at hospitals and within the precinct and district pharmacies. Doctors would then have an opportunity to use domestic pharmaceutical materials as semi-finished products. Pharmacists would be able to apply the knowledge of their profession. An industry preparing medicines from natural pharmaceutical materials would actually take shape and develop, thereby laying the groundwork for the extraction industry. This second course of development is projected to meet 20 to 30 percent of needs.

c) Developing and expanding the movement to raise and use the plants and animals of traditional medicine on the village level. To date, we have more than 3,000 villages and nearly 100 districts that have met the standard of successfully implementing the plan to raise and use the 35 species of plants and animals to make medicines to efficaciously treat seven common diseases and ailments, thereby markedly reducing the use of western drugs. This result has been verified by the Medical Science General Association and many collectives of pharmacists. We will expand and develop upon this result, strengthen the old villages and districts and develop many new villages and districts, thereby meeting another 20 to 30 percent or more of the people's needs. These drugs are primarily used in the form of medicinal decoctions and teas while some are used in the form of ointments, plasters, pills and powders. This is the only way to meet the medicine needs of the people in the countryside.

2. Strongly develop the raising of medicinal plants.

We have a very large advantage in our favor due to the fact that our country has a very wide variety of medicinal plants. Relying upon folk experiences, we have investigated and found 1,200 species of plants that can be used to make medicine. However, our country is not large, vegetation is not uniformly distributed and even a few medicinal plants, whether cultivated or growing wild, require a large amount of area, consequently, the output picked and purchased each year is limited. Moreover, due to the lack of a good organization and due to policies that are less than complete, the cultivation of main crops of medicinal plants has developed slowly, even the cultivation of peppermint, a medicinal plant to which we have given special attention but which has not been widely cultivated. Not all of the plants being grown are being purchased. For this reason, the existing sources of natural pharmaceutical materials are inadequate to meet the requirements of the pharmaceutical industry. The number of plants growing in the wild has markedly declined and some species are nearly non-existent due to the expansion of land clearing operations and the serious destruction of forests. Besides using medicinal plants in their raw form, grinding them into powders, cooking them into ointments or fermenting them, we have achieved success in extracting the essence of a number of plants, such as strychnine from the seed of the nuxvomica plant, ru-tin [Vietnamese phonetics] from Saphora japonica plant, bec-be-rin [Vietnamese phonetics] from the vang dang plant and so forth; however, we have not developed their production much on an industrial scale. We have achieved success with a number of plants but the majority are plants used to make "medicinal herbs" and are not the plants that are ingredients of basic or ordinary medicines; therefore, they have not had much of an impact upon the pharmaceutical industry. Moreover, scientific research has not developed uniformly, technical forces are not well coordinated and not many plants have been researched in a basic and comprehensive manner in order to reach a full scientific conclusion concerning them. New drugs are not subjected to systematic and methodical clinical testing; therefore, they are not widely used by physicians; on the other hand, because they have not undergone expanded testing, we generally experience confusion when it comes to incorporating them in production on a large scale. For this reason, formulas that are good or might be good go unused for many years.

(To be continued)

7809
CSO: 5400/5933

LONG RANGE SOLUTIONS TO MEDICINE SHORTAGE PROPOSED

Hanoi NHAN DAN in Vietnamese 17 Mar 82 pp 3, 4

/Conclusion of Article by Parmacist Nguyen Duy Cuong, Vice Minister of Public Health: "Concerning the Medicine Problem"/

/Text/ The above situation explains why the production of medicines from natural pharmaceutical materials has not kept pace with requirements. We should not think that because we have pharmaceutical materials we immediately have medicines. To produce a finished product, it is necessary to go through very many stages, from establishing the properties, characteristics and effects of a drug to the form in which it is prepared and the method by which it is introduced into industrial production. Even the cultivation and processing of natural pharmaceutical materials involves many very complex economic and technical questions.

We should also not think that if we only concentrate on the production of a few products from natural pharmaceutical materials we can obtain all types of drugs through exports and imports. In fact, exporting drugs is not a simple matter. It is necessary to have products that are truly efficacious, that are produced on the basis of specific results of scientific research and that satisfy, in terms of both their content and form, the requirements and tastes of foreign countries; at the same time, it is necessary to find suitable markets. In the immediate future, we can research the extraction of essential oils of various types and the processing of natural pharmaceutical materials. Essential oils and processed natural pharmaceutical materials are types of products that can be exported and which are consistent with present circumstances. However, the main factor continues to be practicing very close cooperation with the fraternal countries in the field of medicinal plants, a practice which benefits both parties, enables us to develop upon our strongpoints and enables us to learn and develop that which we do not have. In the future, we surely must endeavor to export many types of drugs produced from domestic, natural pharmaceutical materials.

When talking about natural pharmaceutical materials, it is first of all necessary to mention raising and planting pharmaceutical materials under a plan and with a specific division of labor among the various levels of treatment. Each village should set aside 2 or 3 hectares of land primarily to raise the 35 species of plants and animals to meet the daily needs of families and stations, with surplus drugs being sold to meet other needs (the needs of the pharmaceutical industry producing semi-finished products and so forth).

On the district and provincial levels, it is possible to raise main crops on a larger scale at agricultural cooperatives and possibly organize state farms for this purpose; at the same time, every effort must be made to encourage private cultivation if citizens have the necessary conditions. This should be carried out in conjunction with zoning areas, determining which main species of plants and animals should be raised on the basis of the strength of each area, thereby avoiding the practice of trying to raise every species, and giving attention to establishing a division of labor for specialized cultivation. At the same time, plans must be adopted for purchasing, harvesting, protecting and restoring these species of plants and animals. The crop production plan absolutely must be carried out in conjunction and be balanced with the production plan, with priority given to drugs for common ailments (such as influenza, coughing, diarrhea, etc.).

The strongpoints of each locality are those species of plants and animals used to make medicine that are of high economic value, are of high value in the treatment of disease and are found in many areas within the locality in rather important quantities.

On a nationwide scale, we must give attention to the strategic species of plants and animals, to the special product plants and to the species of plants and animals with which we cooperate with the fraternal countries and which must be raised on a large scale. Regardless of the line of medical treatment, close coordination between the public health sector and the agricultural and forestry sectors, and even with the army, is essential.

As regards ordinary medicines, specific formulations will be established on the basis of research results; on this basis, each locality will determine which species of plants and animals must be raised and determine the amount of farmland needed or the number of animals needed. For example, "bach dia can" is produced from Angelica anamala and both "dia lien" and "cat can" have been determined to be efficacious cold medicines. On the basis of an average of 30 pills (which have a specified content) per capita per year and a yield of 1 ton of Angelica anamala per hectare, it is possible to compute the amount of land that must be put under the cultivation of Angelica anamala each year for the population of a province. Loaalities that do not have all the natural pharmaceutical materials they need can enter into joint businesses with other localities.

In many rsspects, natural pharmaceutical materials are a strongpoint; however, they are still a potential and many appropriate and effective steps involving purchases, cultivation, research, processing, decoction and so forth must be taken in order to make this potential reality, produce material products and produce specific medications.

3. Accelerating the building of the chemical pharmaceutical and antibiotic industries.

In other countries, the chemical pharmaceutical industry has developed after and on the basis of the development of the basic chemical industry. The circumstances in our country are completely different, consequently, we cannot wait but must make positive preparations for the development of the chemical industry before the petroleum industry has begun to be developed.

We have made an attempt to produce a number of chemical raw materials under crude conditions but the majority of them have been secondary materials; the types that constitute the major percentage of our medicines, such as fever reducing drugs (aspirin, phenacetin and paracetamon), sulfamides, vitamins and so forth are not being produced. Extraction is being done but it is still underdeveloped. We have virtually no man-made chemicals. It can be said that we have not focused appropriate efforts on this field, our determination is still lacking and investments in this field have been characterized by much confusion.

In the immediate future, we must endeavor to restore those products that were produced in previous years while providing incentive for the enterprises (central as well as local), pharmaceutical institutes and colleges and units that have the necessary conditions to participate in the production of chemicals from the surplus products of industrial enterprises and by manual or semi-mechanized methods. Along with this, some units will be assigned major projects involving the completion of the procedures for producing a number of chemical pharmaceuticals within a specific period of time. For example, under this 5-year plan we will assign one unit the task of producing sulfamides on a small scale, another unit the task of producing aspirin, etc. At the same time, we will accelerate the extraction of chemicals in which we have an advantage (such as caffeine from tea bushes, strychnine from the seed of nuxvomica, etc.) or from natural pharmaceutical products acquired through cooperation with friendly countries. This is a very necessary form of practice in preparation for the future chemical pharmaceutical industry.

As regards antibiotics, we must still continue the work of the units specializing in searching for and producing new antibiotics; at the same time, we must initiate research into the production of traditional antibiotics (penicillin, tetracycline and so forth) on a laboratory scale and eventually on a medium and large scale. This is an inevitable step and will also provide us with experience for producing industrial antibiotics in the next 5 years, when we have the necessary production plants. As is the case with chemical pharmaceuticals, the guideline regarding antibiotics is to proceed on both feet, to engage in both rudimentary and modern production, to practice self-sufficiency while seeking cooperation with foreign countries.

4. Reorganizing and improving the distribution and use of medicine: to begin with, it is necessary to consolidate the network, especially the network of organizations on the basic line of treatment. In the spirit of establishing very good district bases, establishing precinct and district pharmacies is a pressing requirement, one that must be met at an early date. The precinct and district pharmacies will perform all three functions: providing guidance in the cultivation and purchasing natural pharmaceutical materials; producing a number of common drugs that do not require a high level of technology and producing these drugs on a small-scale and under rudimentary conditions; and distributing medicine. Their

task will include supplying high quality, efficacious drugs in a rapid and timely fashion and in a manner consistent with the purchasing power of the people and the pharmacy's function as a center. As a result, in addition to the system of basic public health stations that participate in the task of distributing drugs within large areas, primarily in the countryside, in the remote hamlets and villages, especially in the mountains, the pharmacies can organize a network of agents to insure the distribution of ordinary drugs to the people so that they always have a convenient and readily accessible source of drugs.

On the central level as well as the provincial and district levels, it is necessary to establish a distribution council and implement a fair and reasonable mode of distribution, with efforts concentrated on the medical treatment facilities in order to meet the requirements of each locality and be consistent with the capabilities of the country. Because we have many types of medicine and many new names of medicine made from domestic raw materials which, although efficacious, are not well known by the people, propagandizing and introducing medicines by means of many different methods are an area of work to which importance must be attached. Together with establishing unified medical treatment charts so that every physician is highly conscious of using domestic drugs and using them in a reasonable manner, instructing the people in how to use drugs and how to avoid bad and harmful habits is a practice that must be expanded and maintained on a regular basis.

We must focus our efforts on market management. Due to the special nature of medicines, the state must unify their management, especially in production and distribution. Here, we can confirm the tremendous results achieved by the public health sector in transforming the pharmaceutical production and distribution sector in the southern provinces and in establishing a unified system of state-operated pharmaceutical enterprises and corporations. We should not think that the temporary difficulties we face are due to the fact that we abolished the system of private capitalist drug production. We have very much respect for the knowledge and capabilities of scientific and technical cadres, regardless of where they were trained, and fully utilize all of these forces in developing the pharmaceutical sector in accordance with the common plan but we cannot, in the name of providing incentive for production, return to private production, which is contrary to the socialist construction line in our country.

The purchase and sale of medicine should also be put under the unified management of the state; at remote places, this can be done by organizing agents as mentioned above. In order to tightly manage the medicine market, some localities can, under certain conditions, grant private or collective licenses to persons who possess specialized skills to purchase and sell, at specified, suitable prices, drugs received from foreign countries. The persons selling these drugs must fully post the prices of their product, are fully responsible for the quality of the drugs they sell and are under the control of the local public health agency in every aspect of their business. In this spirit, these persons can be considered a type of special agent, not the "western drug salesmen" of the old system.

As regards natural pharmaceutical materials, their purchase, sale and circulation must also be controlled in accordance with a specific code of regulations and in a manner dependent upon each product.

5. Intensifying scientific research and cadre training: each of the positions mentioned above concerning natural pharmaceutical materials, production and distribution must be based on specific scientific and technical foundations. Research efforts will be focused primarily upon determining which types of ordinary drugs can be produced from domestic raw materials, such as medication for influenza and coughs, medicine for diarrhea, cancer drugs, medicine for women and medicine for children. Research must answer the following questions: which plants must we use to treat these illnesses? What are the effects of the drugs from these plants? What are their pharmaceutical properties, toxicity and side-effects? What is their clinical effectiveness? In which form and dosage should these drugs be administered? How are they decocted? Where can they be raised and picked? Then, it is necessary to conduct research to put recognized projects into everyday use, which is a weakness of ours at this time. There are many medicinal plants, drugs and drug formulations that have been verified as good through practice but which we have been unable to produce on a large scale and have not introduced to many people, consequently, they are not in widespread use or have become export products. There are many reasons for this situation, the most important ones being the failure to make appropriate investments in applied research, the lack of good coordination between production and research and the bureaucratic mechanism in management. We must take determined steps to correct the present decentralization and the somewhat liberal, haphazard nature of research and truly involve oursleves in the matters of greatest importance, as this is the only way to resolve the problem of researching and initiating the production of one drug at a time. Of course, we must first re-examine all old research projects and utilize those projects that are of practical value.

Because of this decentralization, cadre training has not focused on meeting a number of specific requirements. It is necessary to rapidly take an inventory of the corps of cadres and formulate cadre planning and plans that are consistent with the overall strategy in order to develop a well coordinated corps, possibly one that concentrates on important areas, with some sections of cadres delving deeply into each specialized field, some specializing in specific plants and animals, in crop and livestock production, in the extraction of essential oils, in chemical pharmaceuticals, microorganisms, etc. Of course, attention must also be given to training persons who are specialized in the economic activities of the pharmaceutical sector. And, it is especially necessary to utilize cadres in the areas for which they are trained and to focus efforts on training cadres who show prospects.

6. Revamping and strengthening the organization in a manner consistent with the requirements of building and developing the pharmaceutical sector as an economic-technical sector that occupies a significant position within the national economy:

Of utmost importance is the need to clearly define the relationship between medical science and the science of pharmacology, which is a matter that many medical and pharmaceutical cadres have raised. Medicine and pharmacology have a common objective: to protect and improve the health of man. The science of medicine diagnoses diseases and prescribes drugs; pharmacology finds the necessary drugs and insures the supply of drugs. Medical science and the science of pharmacology are closely linked to each other, they support and are dependent upon each other. Without good coordination between them, the effort to protect and improve the health of man will not achieve the desires results.

We ordinarily consider the activities involved in the science of medicine, which include disease and epidemic prevention, medical examinations and medical treatment, to be professional activities and consider pharmaceutical activities, which include raising pharmaceutical materials and producing and distributing drugs, to be economic activities. However, there are some persons who maintain that the pharmaceutical sector is encountering difficulties because it is a sector of economic activities that is managed by a professional sector. In fact, the Ministry of Public Health has been assigned two functions by the state: a professional function, preventing and treating disease, and an economic function, producing and distributing drugs, both of which must be carried out at the same time in an organic relationship with each other. If the pharmaceutical sector has failed to meet requirements, it is because the Ministry of Public Health has failed to fulfill its functions, which include establishing close coordination between medical science and the science of pharmacology and rapidly building a complete pharmaceutical system. Therefore, to correct this situation, we must, on the one hand, establish components within the ministry that specialize in economic work and establish within each integrated unit a component specializing in pharmaceuticals corresponding to the component specializing in medical science; on the other hand, we must unify pharmaceutical activities in one center, thereby avoiding decentralization or internal antagonisms. On a nationwide scale, it is necessary to establish federations of enterprises producing pharmaceuticals and equipment; each province should have a federated enterprise performing all three functions of producing, purchasing-cultivating and distributing pharmaceuticals; on the district line, there should be pharmacies that have the same three functions but which perform them on a smaller scale.

Under certain conditions, consideration has been given to organizing pharmaceutical production into a specialized sector that is not under the management of the Ministry of Public Health but which does reflect a close relationship between the science of medicine and the science of pharmacy; this has been done in countries in which the state has unified the purchasing and sale of drugs, thereby insuring that medical science and the science of pharmacy (its distribution aspect) are always closely linked to each other.

The above are basic areas concerning which we think we must have a unified concept and the six essential measures that we boldly present, measures which we feel must be taken in a well coordinated, consistent, positive and continuous manner as a general strategy for the next 3 to 4 five-year plans in the hope of resolving the problem of providing a full and convenient supply of medicine in our country.

7809
CSO: 5400/5942

INOCULATION PROGRAM FOR CHILDREN INITIATED

Hanoi QUAN DOI NHAN DAN in Vietnamese 16 Mar 82 p 4

[VNA News Release: "Expanded Inoculation by Age Group Program for Children Implemented"]

[Text] This year, in keeping with the expanded inoculation by age group program for children proposed by the World Public Health Organization, our country's public health sector is gradually implementing this inoculation program for children on a nationwide scale.

Under this inoculation program, children, primarily children 1 year of age or less, will receive monthly vaccinations against six diseases: diptheria, tetanus, whooping cough, measles, tuberculosis and polio.

The public health sector has fully prepared the various types of vaccines and supplied a number of pieces of equipment for refrigerating vaccines to the various inoculation facilities so that children are inoculated correctly and on schedule.

The public health sector is endeavoring to make this expanded inoculation program a nationwide program by the end of 1988 and gradually wipe out six dangerous diseases of children: diptheria, tetanus, whooping cough, measles, tuberculosis and polio.

7809
CSO: 5400/5933

HEALTH MINISTRY: TRAVELLERS NO LONGER NEED CHOLERA SHOTS

Harare THE HERALD in English 22 Apr 82 p 1

[Text] People travelling in and out of Zimbabwe do not need cholera vaccinations, a Ministry of Health spokesman said yesterday.

Recent outbreaks of cholera in South Africa, Zambia, Mozambique and Swaziland have led to rumours that people travelling between these countries and Zimbabwe must produce cholera vaccination certificates.

The spokesman emphatically denied this, saying that as far as his ministry was concerned the epidemic in South Africa posed no threat to this country.

"It has never been proved that the vaccination prevents the transmission of cholera and up to 40 percent of vaccinations fail," he said.

As it was mainly people in the lower socio-economic groups that ran the risk of contracting cholera, there was no reason why airline users should have vaccinations. "It's hardly likely that rural people will be found at airports," he said.

"We are not aware of any cholera cases in this country, although there may be isolated cases in Manicaland."

Meanwhile, a bulletin from the World Health Organisation expresses fear that the "dreaded" disease is reappearing.

It says the seventh cholera pandemic (worldwide epidemic), which started in 1961, is still rampant. Although treatment of the disease had been improved it was still to be feared.

Important measures for prevention included the separation of drinking water from that used in sanitation, the thorough cooking of food using clean water, and the proper disposal of waste material.

Recent published reports said that at least 1000 cholera cases were being treated in Natal every week, while 39 Zambians had died of the disease since last December.

CSO: 5400/5950

COLOMBIA

CUNDINAMARCA FOOT-AND-MOUTH DISEASE

Bogota EL TIEMPO in Spanish 26 Mar 82 p 13-A

[Article: "Hoof-And-Mouth Disease Found in Three Cuncinamarca Municipalities"]

[Text] The government of Cundinamarca last night absolutely prohibited the mobilization of cattle within the areas of the municipalities of Zipaquira, Tabio, and the police superintendency of El Rosal (Subachoque), because of an outbreak of hoof-and-mouth disease.

The Secretariat of Agriculture and the Colombian Land and Cattle Institute (ICA) fully ascertained the appearance of the disease, right after an investigation and analysis made by experts of those organizations.

The preventive measures adopted by Governor Enrique Rueda Ribero includes the prohibition of transportation of cattle and the celebration of fairs in those localities, and also the isolation of the afflicted animals, the disinfection and vaccination of the cattle in the farms of the area, where more than 1,800 doses of medicine have been administered.

After pointing out that the afflicted animals had not been vaccinated during the last cycle, the governor exhorted the cattle owners of the region to prevent vehicles, cattle, and outside persons from coming to the farms, and suggested that milk be delivered at the gateways of the farms, in order to avoid the spreading of the disease.

At the same time, Rueda Ribero urged the proprietors and administrators of farms to inform the ICA and the officials of the Cundinamarca Secretariat of Agriculture and Development of the presence, or the suspicion of the appearance, of the disease.

8255
CSO: 5400/2133

UNKNOWN DISEASE KILLING HUNDREDS OF DUCKS ON LOLLAND

Copenhagen BERLINGSKE TIDENDE in Danish 11 Apr 82 p 6

[Article by Finn Knudstrup]

[Text] While thousands of cows are being destroyed on Fyn as a result of hoof-and-mouth disease, hundreds of ducks are now dying on Lolland from a duck infection--a disease previously unknown in this country.

Hatchery owner Boye Pedersen of Godsted near Sakskobing has already lost 1000 ducks and he told BERLINGSKE SONDAG that each morning he removes between 80 and 100 dead ducks. The Orbygaard Hatchery has been quarantined but the ducks have neither been killed nor vaccinated, even though the disease is contagious.

Boye Pedersen explained: "The disease causes the ducks to become lethargic and they die a few hours later. The whole thing began a month ago, but the authorities have been very slow to detect the presence of the illness--and have done nothing besides quarantining the property. I have sick birds walking around and thousands of eggs. Every day I am 5000 kroner poorer--but aside from that, it is sad to see the sick birds and know that it is only a question of hours before they will be dead."

Farm Quarantined

District veterinarian Heje Pedersen of Nykobing Falster said that the final diagnosis has not yet been made--and that there are no regulations covering the uncommon disease in this country. The veterinarian said to BERLINGSKE SONDAG:

"When it comes to hoof-and-mouth disease, there are strict rules to refer to--but this is something entirely new. But we must be careful about comparing the duck infection with hoof-and-mouth disease. Because the duck disease is not spread through the air but only through droppings. Therefore it is enough to quarantine the property and the people who look after the birds. The farm lies quite far from others involved in poultry production, so we could never have conditions similar to those affecting the cattle owners on Fyn."

Spread From the South

The district veterinarian believed the duck disease had reached the farm on Lolland from the south--possibly from wild ducks on their migration route. The disease has not been found in Denmark before. But it is known in Holland where they combat it with vaccination.

Hatchery owner Boye Pedersen: "It still amazes me that the days just go by--that they do not have vaccine sent here from Holland. Something simply must be done. My ducks are dying like flies--and just think what would happen if the disease does manage to spread after all."

6578
CSO: 5400/2136

FUNEN FARMERS DELAYED IN REPORTING FOOT-AND-MOUTH DISEASE

Copenhagen BERLINGSKE TIDENDE in Danish 16 Apr 82 p 3

[Article by H. C. Kiilerich and Ole Schmidt Pedersen]

[Text] Two brothers at Fraugde in Funen have apparently had hoof-and-mouth disease at their farm for a week without reporting it to the authorities. The police is investigating the matter, which is being considered most gravely.

Kjeld Pedersen, a police superintendent of the Odense Police, tells BERLINGSKE TIDENDE:

"The investigations seem to indicate that there is something to it. So far, I cannot either confirm or invalidate the claim that the owners of the farm have been keeping the incident secret for a week. However, I should like to stress that the owners have themselves reported the case--apparently, with a week's delay."

Kjeld Pedersen does not wish to discuss the penalty for the two brothers if it turns out that the suspicion proves correct.

"We have got no precedent, but we regard the matter with the greatest seriousness. Everybody is under obligation to report cases of hoof-and-mouth disease immediately."

District Veterinarian Officer Knud Thorup cannot say if the hoof-and-mouth disease of the two farmers' stock has been passed on to other stocks. In addition, he only knows of the case through rumors.

"However, under all circumstances, it is objectionable if the disease has been kept secret. It is obvious that all cases must be reported immediately," Knud Thorup says.

From the farm of the two brothers, the nearest case of hoof-and-mouth disease is 8 kilometers away.

Minister of Agriculture Bjørn Westh will now ask the police to investigate rumors that several farmers in Funen have themselves fetched vaccine against hoof-and-mouth disease in West Germany and have themselves vaccinated their stocks against the disease. Rumors of such illegal vaccinations have circulated in Funen during the last 5 days.

Next Friday, at 8 p.m., the Danish TV will focus on the treatment of the hoof-and-mouth disease in Funen. This will take place in the TV News program, in which Minister of Agriculture Bjørn Westh will participate.

7262
CSO: 5400/2135

FEAR GROWS THAT FOOT-AND-MOUTH DISEASE IN ZEALAND

Copenhagen BERLINGSKE TIDENDE in Danish 15 Apr 82 p 1

[Article by H. C. Kiilerich]

[Text] At the same time as still another case of hoof-and-mouth disease was ascertained yesterday at Ferritslev in Funen, the fear grew that the disease has spread to Zealand.

The Cattle Slaughter House of the Slagelse Cooperative Slaughter House as well as the Slagelse Export Slaughter House, Inc., yesterday stopped accepting any further animals. So far, the slaughtering has been stopped till Thursday morning. The reason is a suspicion that a bull calf from a stock at Næsby Beach near Slagelse may have contracted the dreaded disease. Samples from the calf have been sent in for examination. The results of the tests will become available this morning.

Poul Bojsen, manager of the Holbæk and Slagelse Cooperative Slaughter Houses, tells BERLINGSKE TIDENDE:

"We hope that this is false alarm. But the rules of the game have to be complied with, and we have closed the slaughter house at Slagelse pending the results of the tests."

Birgitte West of the Veterinary Department states:

"The farmer from Slagelse has been told to keep his animals indoors. The milk from the farm must not be taken away from the farm, and the people living at the farm must avoid contact with others. The same thing applies to the veterinarian who was in contact with the calf."

The case in Funen is the 17th case. A stock of 55 cows and 3 sows was killed immediately, and the number of animals which have had to be killed on account of the hoof-and-mouth disease now amounts to 3,668 animals.

The Veterinary Department is of the opinion that the infection was carried to the farm through the milk float--a practice which has been criticized in many quarters. However, it is not found that there is reason to make the rules and regulations any more stringent.

Officials of the Ministry of Agriculture are agreed and maintain that the decision not to vaccinate still applies

7262
CSO: 5400/2135

MOI ORDERS OFFICIALS TO KILL RABID DOGS

Nairobi DAILY NATION in English 3 Apr 82 pp 1, 32

[Text] PRESIDENT Moi has authorised administration officials and wananchi to kill rabid dogs known as T9.

The dogs, which migrated to Kenya from a neighbouring country a few months ago, are reported to have a deadly disease that is incurable. The President osberved with concern and said that the dogs bite was fatal.

He authorised local people to use all practical means including arrows to eliminate the dogs. The dogs have been spotted in various parts of the Rift Valley Province, Kisii and other adjacent areas.

President Moi was addressing thousands of wananchi from all walks of life at Barsamoi in his Baringo Central constituency where he led them in the construction of gabions to arrest soil erosion.

Turning to soil conservation efforts the President commended wananchi in the district for having taken steps to reduce the rivers from flowing fast at various points. He urged them to continue with the exercise throughout the year.

Talking on the importance of conserving soil for the benefit of future generations the President urged wananchi to start a tree planting campaign immediately.

"You should not wait until the 16th of this month when the official tree planting day will be launched," the President advised.

He called on them to intensify their efforts to preserve forests such as the local Katimok Forest.

President Moi appealed to the people in Baringo District to plant as many crops as possible so that they can feed themselves as well as the neighbours.

He advised those with outstanding loans to repay them as soon as possible so that others may also benefit from the same facilities. He noted that wananchi in the area were keeping too many goats which contributed to the destruction of vegetation. He called on such people to sell some of their animals.

The President said that Barsamoi Primary and High schools as well as the people of the area may eventually be able to get water for domestic use as a result of the building of gabions. The President directed the assistant chiefs in the area to plant grass and trees at the site where he and other leaders planted trees on Thursday.

CSO: 5400/5942

USE OF PESTICIDE ON TSE TSE FLY SEEN CREATING ENVIRONMENTAL PROBLEMS

Nairobi DAILY NATION in English 7 Apr 82 p 12

[Text] A $2 BILLION, 40-year programme to eradicate the tsetse fly in tropical Africa is likely to cause severe environmental problems, according to an article in the current issue of *Ambio*, the journal of the human environment published by the Royal Swedish Academy of Sciences. The programme, which is sponsored by the United Nations Food and Agriculture Organisation, is using "hard" pesticides banned in most Western nations in an attempt to open up some seven million square kilometres of tropical forest and woodlands for cattle grazing.

But the article's author, Marcus Linear, argues that the net production of beef may actually decline if the programme is successful because of climatic and ecological changes resulting from the destruction of the last major forested area in Africa. "In effect", he writes, "the tsetse fly is keeping Africa green".

Some species of the tsetse fly carry microscopic parasites known as trypanosomes which are transmitted through its bite to humans and to domestic animals, especially cattle. In man, the parasite causes *trypanosomiasis*, or sleeping sickness; in cattle it causes a freqeunt fatal disease known as *'nagana'*.

The fly infests a broad belt of territory across the central latitudes of Africa, and while the rate of infection in humans is relatively low — unofficial statistics indicate about 7,000 cases of *trypanosomiasis* per year and about 350 deaths — cattle are much more vulnerable, and the presence of the tsetse makes large areas of Africa unsuitable for raising cattle.

In 1975 the FAO, in conjunction with a number of bilateral aid donors — the most prominent and active being the British Overseas Development Agency and the German Agency for Technical Co-operation (GTZ) — and many of the multinational chemical companies, began a programme to eradicate the tsetse fly. The programme, which is expected to cost $2 billion spread over 40 years, relies mainly on heavy spraying of infested areas with pesticides such as dieldrin and similar dangerous compounds which have been prohibited or are tightly restricted in almost all Western nations because of their persistence in the environment and their extreme toxicity.

The use of such "hard" pesticides immediately pollutes the local environment, with severe consequences for the animals in the forests and for the local inhabitants who use them for food.

But the *Ambio* article argues that if the eradication programme is successful, it will result in the ultimate elimination of the last remaining tropical forest in Africa, as cattle breeders gradually clear the land to provide pastures for their animals.

In turn, the destruction of the forests on such a vast scale would almost certainly result in changes in climate

CSO: 5400/5942

BRIEFS

DISEASE KILLS CHICKENS--Hundreds of chickens have died in West Pokot District from a unknown disease. Farmers in the district have appealed to the Government to increase staff and transport facilities so that they could be reached and served adequately in times of need. A woman who lost over 100 birds in three days criticised Livestock Ministry officials for being unreliable. She claimed that she made several reports at the Ministry's offices at Kapenguria urging the officials to come and determine the cause of the disease. She was promised that she would be attended to but nobody came and the birds kept dying, she said. Meanwhile, in Kapsabet cattle owners have been warned of prosecution if they did not take their stock for dipping in Mosop Division, Nandi District. The Nandi District veterinary officer, Dr. Kamau showed a list of defaulters at a baraza saying: "It is the wish of the Government that Mosop was declared a free grazing area and I will deal with those people mercilessly." He urged assistant chiefs to supervise dipping and ensure that the exercise was successful. He also called on chiefs to use their act to ensure that all animals were being treated accordingly. Dr. Kamau disclosed that Mosop alone had 100,000 head of cattle adding that if the defaulters failed to treat their animals, many of them risked death. He said his office had enough drugs for the animals and that there was no excuse why many of them should not be treated. [Text] [Nairobi DAILY NATION in English 12 Apr 82 p 4]

CSO: 5400/5942

BRIEFS

HEMORRHAGIC SEPTICEMIA SPREADING--Mahendranagar, April 13--Haemorrhagic septicemia, a deadly animal disease, is reported spreading in some parts of Kanchanpur district, reports RSS. Local veterinary hospital has already sent its teams to control the disease. Meanwhile a large number of farmers are bringing their animals to the hospital for vaccination against the disease. [Text] [Kathmandu THE RISING NEPAL in English 14 Apr 82 p 4]

CSO: 5400/5937

BRIEFS

ANTHRAX AREAS NAMED--The Government has declared some areas anthrax-infected. In Friday's Government Gazette, the following were named: Lubimbi and Manjolo in the Binga district; Bembezi Forest Land, Fingo location, Inkosikazi, Inyati and Ntabazinduna in the Bubi district. Buhera district; Nata and Samenani in the Bulalima-Mangwe district; and the Chipinga district. Chenjiri and Sanyati in the Gatooma district; Gokwe district; Lower Gwelo, Vungu and Inyanga district. Chirau, Magondi, Umfuli, Zvimba, Zowa and Chitomborgwizi in Lomagundi district; Lupane district; Makoni district; Mutasa district; Nkai district. Gulati and Kumalo in Matobo district; Gwai and Tjolotjo; Silobela and Zhombe in Que Que district. Chimanda in Rushinga district; Selukwe area in Selukwe district; Runde in Shabani district; Esiphezini, Matopo and Mzinyatini in Umzingwane district; Maranke in Umtali district; and Wankie. [Text] [Salisbury THE HERALD in English 12 Apr 82 p 5]

HALT ANTHRAX SPREAD--The step taken by the Government in declaring some areas anthrax-infected, was to pave the way for an effective vaccination campaign against the disease, says Dr Alec Wilson, director of the Veterinary Services Department. However, he added, the measure was now a mere formality as the anthrax situation had improved dramatically. He was commenting on a Herald report listing countrywide areas affected by anthrax. Dr Wilson said the campaign would in no way affect the Cattle Rescue Operation launched by the Government in collaboration with the Cold Storage Commission to move drought-affected livestock to areas with better grazing. "Anthrax is not much of a problem in this country," he said. "The vaccination campaign is aimed at wiping out germs which can live in the soil for many years." Anthrax first broke out in Matabeleland during the war and spread quickly but the vaccination campaign mounted at the end of the war had received "good co-operation". Hurdles were being overcome in areas where, "probably because of inadequate communication", Government veterinarians had met with problems, Dr Wilson said. "We started the vaccination campaign as soon as each area became accessible, particularly where people expressed a wish to have it done," he said. "The Government notice was designed to speed up the exercise in areas still giving trouble. By and large we are doing quite well." [Text] [Salisbury THE HERALD in English 16 Apr 82 p 14]

CSO: 5400/5936

BRIEFS

WEED THREAT--Careless aquarium owners are probably responsible for spreading a new noxious weed in WA. Small infestations of the weed, parrot's feather or Brazilian water trefoil, have been found in the metropolitan area. The Agriculture Protection Board says that the weed is a threat to agriculture. Its masses of leafy stems can break off and block irrigation canals and pumping machinery. It is also an ideal breeding ground for mosquitoes and aquatic snails. The APB's chief officer, Mr Neil Hogstrom, said yesterday that the weed, a native of South America, was a rooted aquatic plant which grew near the banks of slow moving rivers and in the mud at the bottom of shallow ponds. It had pale green brittle stems with groups of six feathery leaves at each node. Mr Hogstrom asked people who see a plant that looks like parrot's feather to call the PAB on 367 0111, extension 468. [Perth THE WEST AUSTRALIAN in English 20 Mar 82 p 11]

ANTI-ANT DRIVE--A Statewide campaign aimed at eradicating Argentine ants will continue this week at Neerabup Lake in Wanneroo. The Minister for Agriculture, Mr Old, yesterday inspected the latest assault on what is said to be the world's worst ant pest. Department of Agriculture workers could spend some time at the 200-hectare swamp which is densely covered with ant-infested bullrushes, says a spokesman for the Minister. Heptachlor is one of several the department-approved materials used for spraying. "It has a short field life and no residual effect. The spray is the same used to combat silverfish," the spokesman said. About 400 hectares at Herdsman Lake and 150 hectares at Balcatta are earmarked for treatment. The department's entomology branch has sprayed 350 hectares of Lake Pinjar and 200 hectares of Lake Carabooda already. Yanchep national park was closed for two days earlier this month for ground-level spraying. Since the department's eradication campaign started 28 years ago, 28,317 hectares have been treated with chemicals at a cost of $3.2 million. Mr Old regards the campaign as essential. "Internationally the Argentine ant is regarded as the world's worst ant pest and is of major economic importance," Mr Old said. "In Western Australia it poses a direct threat to the continuation of our exports of primary produce such as wool, wheat and mineral ore. "It also ranks very highly as an orchard pest because it tends aphids and scale insects, thereby promoting mould. This in turn contaminates leaves and fruit, which involves the grower in expensive control measures and fruit cleaning. [Perth THE WEST AUSTRALIAN in English 23 Mar 82 p 50]

CSO: 5400/7545

BRIEFS

ACEH CROP PLAGUE--Banda Aceh, 12 Apr (ANTARA)--A new crop plague, the so-called "gerayat" caterpillar, which has attacked over 3,500 hectares of ricefields in Pidie Kabupaten Aceh, since last March has now been successfully fought off, according to the provincial agricultural chief, Rusli Arifin today. He explained that the "gerayat" caterpillars waged their war against the paddy at night concentrating on the stalk causing the ripening paddy grains to fall off the next morning. [Excerpt] [BK140339 Jakarta ANTARA in English 0921 GMT 12 Apr 82 BK]

CSO: 5400/5951

MAJOR PLANT DISEASE OUTBREAK FEARED

Colombo THE ISLAND in English 21 Apr 82 p 2

[Article by Norman Palihawadana and Peter Balasuriya]

[Text] Customs have warned against the possibility of major plant diseases breaking out here as a result of the relaxation of quarantine laws at the Colombo Airport on fruits and plants brought into the country.

Although there are two quarantine officers on duty at the airport, passengers bringing in apples and other fruits have been permitted to take them out without the usual fumigation against pests.

It had been the practice hitherto to compulsorily fumigate fruits and plants at the Plant Fumigatorium of the Colombo Port before they are released.

Earlier, packages were sent to the Fumigatorium for tests by the Customs. But three months ago the Fumigatorium sent two Quarantine officers to the airport for fumigation purposes. These two officers have now given written instructions to Customs officers to release these items if brought in small quantities.

This was being done, it is stated, due to the lack of facilities for fumigation at the airport.

A Customs spokesman said that most Indians brought in a large number of apples allegedly for sale in Colombo. When they came in batches of ten and fifteen the number amounts to almost a commercial consignment.

It will be recalled that some time back when fumigation was relaxed, Sri Lanka was affected by one of the most disastrous coconut diseases caused by the red insect pest Promecotheca Cumingi. Customs fear that it may not be long before another virulent disease affects fruits in this country unless immediate action was taken to tighten quarantine laws.

CSO: 5400/5955

BRIEFS

GRAIN-EATING QUELEA QUELEA--Tabora--Large groups of the grain-eating quelea-quelea birds have invaded Igunga District in Tabora Region, attacking millet fields, the Regional Party Secretary, Ndugu Pius Msekwa, has said. Ndugu Msekwa told SHIHATA yesterday that the birds were also in Nzega District where they have caused extensive damage to millet fields. Ndugu Msekwa explained that it was now difficult to fight the birds effectively because the lack of a spraying aircraft. On the "Scania" grain borders Ndugu Msekwa said the actellic two per cent drug had proved effective against the pests and that peasants stored their maize so that it took full effect. [Text] [Dar es Salaam DAILY NEWS in English 3 Apr 82 p 3]

SHINYANGA REGION INSECT INFESTATION--Insects which damage corn and which were initially in Kahama District have now spread throughout Shinyanga Region. The Shinyanga Region agricultural officer, E.S. Jaggadi, told SHIHATA that almost 40 percent of the corn stored in Kahama District has been attacked by these insects, 10 percent in Shinyanga District, and 2 percent in Maswa and Bariadi districts. Jaggadi said that recently these insects have begun to attack even vegetation in the fields in Kahama District. The office of agriculture in Shinyanga Region has requested a total of 700,000 shillings to purchase 35 tons of the insecticide "Actelic" which should be sufficient to combat the insects in the region. [Text] [Dar es Salaam UHURU in Swahili 21 Apr 82 p 5]

CSO: 5400/5965

BRIEFS

RICE CROP DAMAGE--In Bac Thai Province, 70 percent of the 10th month rice crop was heavily damaged by pests; however, as a result of cultivating the crop well, output almost met the plan quota and represented an increase of thousands of tons compared to the previous season. During the 4th quarter, many sectors within the province intensified their emulation effort to do as much in one quarter as had been done in the first three quarters of the year and complete the state plan for the year on cutting firewood and export goods. The delivery of timber to the state exceeded the plan quota and marine products production developed rather well. /Excerpt/ /Hanoi NHAN DAN in Vietnamese 16 Mar 81 p 1/ 7809

QUANG NINH HARMFUL INSECTS--Some 90 percent of the vegetation protection cadres in Quang Ninh Province have attended course for eliminating harmful insects. There are four kinds of harmful insects that have ravaged many ricefields in the province namely yem borer, leaf roller, planthopper and ground beetle. Thanks to their active preventive action, peasants in Yen Hung District in early April saved more than 650 hectares of ricefields from being ravaged by the insects. [Hanoi Domestic Service in Vietnamese 2300 GMT 16 Mar 82 BK]

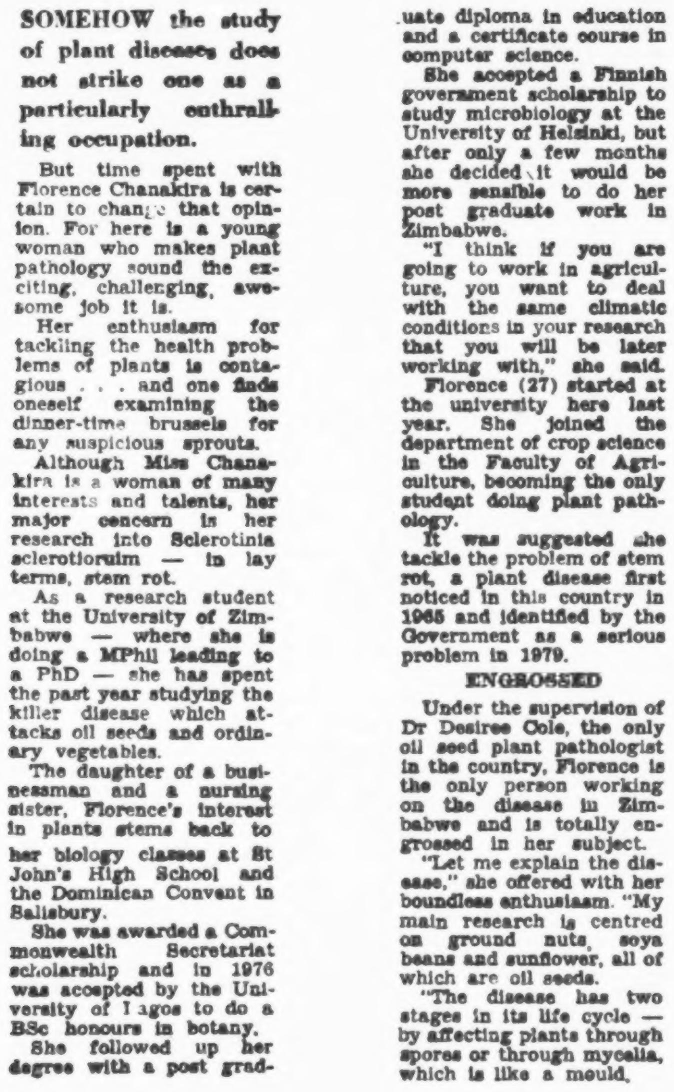
HAIPHONG HARMFUL INSECTS--More than 4,000 hectares or 10 percent of winter-spring rice acreage in Haiphong municipality have been ravaged by harmful insects. The municipality has provided many districts and cooperatives with insecticide and spray equipment to eliminate these harmful insects, especially in their nascent stage. [Hanoi Domestic Service in Vietnamese 2300 GMT 15 Apr 82 BK]

CSO: 5400/5951

STUDY OF CROP-KILLING SCLEROTA DESCRIBED

Salisbury THE HERALD in English 14 Apr 82 p 5

[Excerpt]



SOMEHOW the study of plant diseases does not strike one as a particularly enthralling occupation.

But time spent with Florence Chanakira is certain to change that opinion. For here is a young woman who makes plant pathology sound the exciting, challenging, awesome job it is.

Her enthusiasm for tackling the health problems of plants is contagious . . . and one finds oneself examining the dinner-time brussels for any suspicious sprouts.

Although Miss Chanakira is a woman of many interests and talents, her major concern is her research into Sclerotinia sclerotioruim — in lay terms, stem rot.

As a research student at the University of Zimbabwe — where she is doing a MPhil leading to a PhD — she has spent the past year studying the killer disease which attacks oil seeds and ordinary vegetables.

The daughter of a businessman and a nursing sister, Florence's interest in plants stems back to her biology classes at St John's High School and the Dominican Convent in Salisbury.

She was awarded a Commonwealth Secretariat scholarship and in 1976 was accepted by the University of Lagos to do a BSc honours in botany.

She followed up her degree with a post graduate diploma in education and a certificate course in computer science.

She accepted a Finnish government scholarship to study microbiology at the University of Helsinki, but after only a few months she decided it would be more sensible to do her post graduate work in Zimbabwe.

"I think if you are going to work in agriculture, you want to deal with the same climatic conditions in your research that you will be later working with," she said.

Florence (27) started at the university here last year. She joined the department of crop science in the Faculty of Agriculture, becoming the only student doing plant pathology.

It was suggested she tackle the problem of stem rot, a plant disease first noticed in this country in 1965 and identified by the Government as a serious problem in 1979.

ENGROSSED

Under the supervision of Dr Desiree Cole, the only oil seed plant pathologist in the country, Florence is the only person working on the disease in Zimbabwe and is totally engrossed in her subject.

"Let me explain the disease," she offered with her boundless enthusiasm. "My main research is centred on ground nuts, soya beans and sunflower, all of which are oil seeds.

"The disease has two stages in its life cycle — by affecting plants through spores or through mycelia, which is like a mould, "The sclerotia is a highly resistant body when climatic conditions are right for it and it can germinate and infect large areas of crops. In the United States, the disease accounts for the largest number of losses in ground nuts."

Florence has planted crops at two farms, one in Marandellas and the other on the Enterprise Road, and at Henderson Research Station.

She has cultivated the disease — which attacks the nutrients in plant stems — and is working on chemicals to control it as well as varieties of crops which are strong enough to withstand it.

She is also investigating which weeds are susceptible to the disease as these could lead to infection of a newly-planted field of crops.

"I've been working very hard, like seven days a week, but I've really enjoyed it."

She has had to grin and bear the difficult nature of working on agricultural projects, such as the peculiarities of the elements, and has found perseverance an important attribute.

"There are times when you get terribly frustrated," she admitted. "Like when you are desperately trying to cultivate the disease and it won't take on your crops — but is growing wild on the farmer's surrounding fields.

PROBLEM

"What keeps you going is knowing that here is a problem causing untold damage to the country's crops. You want to do something to help."

One of the aspects of her work is to increase farmer-awareness of the disease and its dangers and Florence is willing to help and advise anyone.

The project is long-term and the first results of Florence's test are only now starting to come in. The research, however, could take years.

"The stubborness of the disease means that even if we did find a variety that was resistant, after a few years with the changes in fungus these too could become infected.

"So it's an on-going thing. There will always be problems . . . but it is a fascinating and challenging job trying to find solutions."

Although plants have a special place in Florence's life, she ensures that they don't completely crowd out her many other interests.

"I love outdoor life so much, I don't think it would be possible for me to be without it," she said.

A keen athlete, she represented the University of Lagos in the 1 500 metres. However, a heavy work schedule here has so far prevented her from becoming involved in university athletics.

CSO: 5400/5936

END

JPRS 80931

27 May 1982

Worldwide Report

EPIDEMIOLOGY

No. 280

FBIS FOREIGN BROADCAST INFORMATION SERVICE

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JPRS 80931

27 May 1982

WORLDWIDE REPORT

EPIDEMIOLOGY

No. 280

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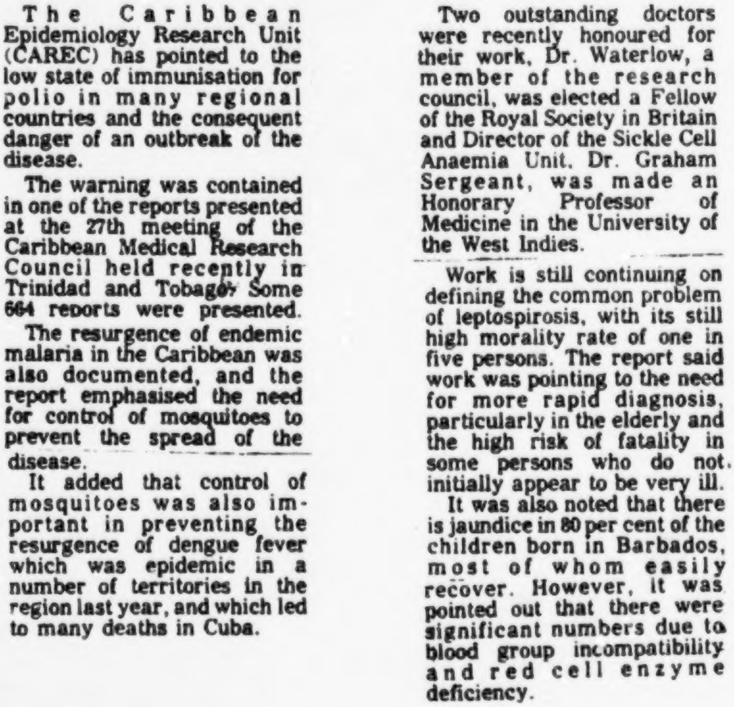
REPORT NOTES STATUS OF VARIOUS DISEASES IN CARIBBEAN

Bridgetown ADVOCATE-NEWS in English 24 Apr 82 p 9

[Text]



The Caribbean Epidemiology Research Unit (CAREC) has pointed to the low state of immunisation for polio in many regional countries and the consequent danger of an outbreak of the disease.

The warning was contained in one of the reports presented at the 27th meeting of the Caribbean Medical Research Council held recently in Trinidad and Tobago. Some 664 reports were presented.

The resurgence of endemic malaria in the Caribbean was also documented, and the report emphasised the need for control of mosquitoes to prevent the spread of the disease.

It added that control of mosquitoes was also important in preventing the resurgence of dengue fever which was epidemic in a number of territories in the region last year, and which led to many deaths in Cuba.

Two outstanding doctors were recently honoured for their work, Dr. Waterlow, a member of the research council, was elected a Fellow of the Royal Society in Britain and Director of the Sickle Cell Anaemia Unit, Dr. Graham Sergeant, was made an Honorary Professor of Medicine in the University of the West Indies.

Work is still continuing on defining the common problem of leptospirosis, with its still high morality rate of one in five persons. The report said work was pointing to the need for more rapid diagnosis, particularly in the elderly and the high risk of fatality in some persons who do not initially appear to be very ill.

It was also noted that there is jaundice in 80 per cent of the children born in Barbados, most of whom easily recover. However, it was pointed out that there were significant numbers due to blood group incompatibility and red cell enzyme deficiency.

CSO: 5400/7548

BRIEFS

VACCINE THEFT INCREASES EPIDEMIC THREAT--Ndjamena is experiencing some very strange moments during which rashness and immorality are getting on famously. But it is difficult to explain the theft which took place the past weekend in the warehouse of the department of major endemic diseases. A freezer holding thousands of vaccines was emptied of its contents before being carried away by unknown persons. All that in broad daylight, without forcing the door and a few feet from the police station. A freezer of this size could not go unnoticed. The thieves, if the authors of this absurd vandalism can be called certainly "operated" by car. Vehicle tracks were discovered in front of the warehouse. The consequence of this theft was immediate: thousands of vaccines (anti-tetanus, anti-cholera, BCG, anti-measles, etc....) are henceforth unusable. Although it is difficult for the moment to evaluate the number of vaccines destroyed, it can at least be asserted that thousands of individuals will be deprived of vaccination. If the partial shutdown of the services of the department of major endemic diseases is added to it thus contributing additional difficulties to the precarious struggle which the department of public health is conducting against the epidemics which are raging in Chad, this act is a matter of very simple criminality. And as such its authors deserve to be sent before a court martial. [Text] [Ndjamena INFO TCHAD in French 29 Apr 82 p 4]

CSO: 5400/5982

BRIEFS

TUBERCULOSIS EPIDEMIC--Monteria, 21 April--A tuberculosis epidemic has spread to several regions of Cordoba. It was learned that the scourge has broken out amongst the inhabitants of Ayapei, Montelibano and the indigenous reservation of San Andres de Sotadentro. Civic leaders in the aforementioned localities said that about 20 people died as a result of this illness and they called upon the sanitation authorities in Cordoba to begin a campaign to avoid further spreading of the disease. [Text] [Bogota EL SIGLO in Spanish 22 Apr 82 p 2] 9908

CSO: 5400/2143

MOSQUITO EXTERMINATION PLAN FOR HAVANA DISCUSSED

Havana GRANMA in Spanish 10 Apr 82 p 3

[Article by Susana Lee]

[Text] Plans are outlined for the implementation of the drainage and sanitation campaign and the intensive anti-mosquito project in Havana City.

It will begin Monday.

They seek cooperation from labor centers and the people.

A meeting was held to make known the details of the national drainage and sanitation campaign and of the intensive anti-mosquito project in the capital of the country. It was presided over by Manuel Villamar, member of the party's executive bureau in the province, and Jose R. Perez Valdivia, of the provincial executive committee of the People's Government.

Uvelino Moreno, provincial director of sanitation and epidemiology, reported on both campaigns, to take place in two stages. The first begins next Monday, 12 April, and will end on 17 May. Speaking generally, it includes fumigation of nondomiciliary buildings with Leco equipment, drainage and petrolization of ditches, culverts, and other targets, and the drainage and sanitation of enterprises and entities budgeted with their own means. The second, an intensive one, will begin on 17 May and will conclude on 26 June, during which time nondomiciliary fumigation will be continued. Focal and perifocal treatment will be implemented with portable sprayers and sprayers in 100 percent of the homes and premises, and drainage and sanitation of homes, schools, their surroundings, and empty lots will take place.

Villamar specified that the objectives are: to assure the sanitation of homes, empty lots, work centers, and educational institutions, and the removal of refuse and useless articles from surroundings; to expedite and to extend the coverage in order to eradicate the "Aedes aegypti" and to decrease the infestation of other species of mosquitoes that cause public diseases in the rainy season and that can act as potential vectors of transmissible diseases.

Their objectives also include incorporating, in the fifth cycle of the current national program for the eradication of the "Aedes aegypti," perifocal treatment with "Baytex," which will be carried out along with the verification and destruction of foci. This is now being done through inspection and focal treatment with "Abate"; "adulticida" treatment with portable sprayers and intradomicilary, peridomiciliary (courtyards and corridors) and extradomiciliary Leco equipment; petrolization and drainage, and further education of the people regarding sanitation.

In connection with drainage and sanitation, arrangements have been made for the collection and final disposal of rubbish and useless articles, covering, and cleanliness of courtyards, gardens, and empty lots; canalization of rivers, ditches, small streams, and brooks that run through cities and towns; removal of all unnecessary containers that can hold water; removal and destruction of all tires that are outdoors, and the covering of all open water tanks that cannot be removed.

Finally, cooperation was sought from labor executive boards and sections of firms, budgeted entities, and organizations in general to adopt appropriate sanitation and cleanliness measures so that their premises may be drained and cleaned on 17 May. Cooperation was also sought from the people who, through the CDR [Committees for the Defense of the Revolution], will be mobilized during the second stage in behalf of the cleanliness and sanitation of their homes, courtyards, and empty lots.

8255
CSO: 5400/2140

HIGH INCIDENCE OF TUBERCULOSIS AFFECTS NORTHERN REGION

Athens I AVGI in Greek 22 Apr 82 p 3

[Article by G. Karambelas]

[Excerpts] At least 4 out of every 100 inhabitants of the Evros, Komotini and Xanthi nomes suffer from tuberculosis, according to data provided by special scientists, while in the rest of Greece, the disease that used to greatly affect our people immediately after World War II is disappearing, with tuberculosis patients' percentages hovering around the 0.4 to 0.5 percent mark.

Official data show that the percentage of tuberculosis patients in Thraki is about 1 percent. However, this number only represents the data available from the area's antituberculosis centers and the results of X-ray tests performed on the local population by the Athens Institute for Chest Diseases Research.

The last X-ray campaign (which was not completed due to the draft) took place in 1974, while the percentage of the local population which was vaccinated against tuberculosis does not exceed 15 percent.

The officially accepted numbers of tuberculosis cases in Thraki, tuberculosis specialist Moustakas notes, do not correspond to reality for two main reasons:

1. In an attempt to keep their condition secret, tuberculosis sufferers only visit specialists at the local antituberculosis center too late.

2. Physicians in every field treat tuberculosis without having the means to do so properly and avoid reporting tuberculosis cases to the local social policy centers (public health directorates) as required by law.

Thus it can be noted that even today, the Alexandroupolis hospital is caring for tuberculosis patients in totally unrelated clinics, while the hospital does have a fully equipped antituberculosis department.

Mr Moustakas states that only 10 out of the approximately 300 physicians practicing in the Evros and Komotini nomes have sent tuberculosis data to the appropriate centers within the last 5 years, while it is widely known that most of them occasionally treat the disease.

Nea Vyssa near the border with Turkey--population 4,500--is the village presenting today the largest percentage of tuberculosis cases in the region and perhaps in all of Greece. The president of the community states: "Because of the high humidity, the swamps and poplar trees growing in the region, about 12 out of every 100 residents are having trouble with tuberculosis."

A walk through Nea Vyssa shows an incredible spectacle: stagnant water throughout, houses built in the middle of dirty water, children playing in and out of the dangerous water. One gets the feeling of being somewhere in the Far East in an aquatic village. Dr Anastasis Kaissianos, a rural physician, explains that even if tuberculosis is not in an active stage, such a problem is faced by 45 out of every 100 persons over 60, 10-15 of every 100 between the ages of 40 to 60, and 5 of every 100 under 40 years of age.

Kr Kaissianos concludes by saying that "measures must be adopted to drain the swamps and cut down all the poplar trees, which are the main factors contributing to the spread of the disease."

CSO: 5400/5323

BRIEFS

HEALTH CARE PLAN--Minister of Health Van West Charles revealed in Parliament yesterday a programme of community health care that features multi-level attention for the sick, an emphasis on sanitation and health, an improvement of the doctor to population ratio, the continuance of the hospital and other health facilities construction programme and a greater amount of work at the community level. The Minister explained that the new health care system would function to ensure that minor cases were treated at level one (which requires basic medical attention) and through a system of referrals. Patients with graver problems would be given treatment demanding higher level of specification. Restaurants and eating houses would come under special scrutiny this year and the hospitals at Charity and Coomaka will come on stream while Mibicuri goes into operation in the not so distant future. Dr Van West Charles made the point that drugs should be in better supply this year. [Text] [Georgetown GUYANA CHRONICLE in English 3 Apr 82 p 1]

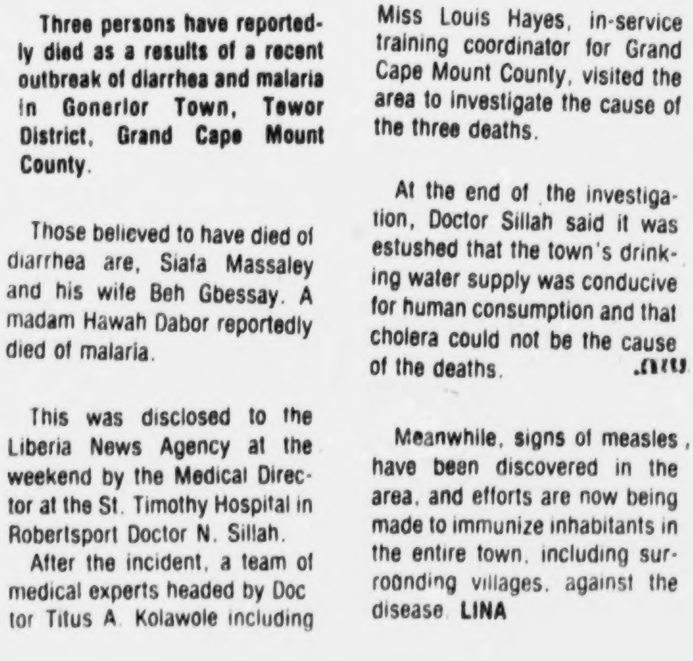
OUTBREAK OF MALARIA--There are fresh reports on an outbreak of malaria in the Rupununi in the hinterland among the Amerindian people. Indications are that the disease has taken a firm grip on the Rupununi area. Our correspondent writing from Morawaunau Village said: "Already for 1982 five persons have died of the disease. There are no doctors or medicines available to residents. In one day two persons died in the South Rupununi. Two babies were also affected with malaria, and the general tendency is for the disease to spread. At the moment, some 50 persons are down with it. Village elders feel that the disease is taking on epidemic proportions and are therefore annoyed at the central government for procrastinating over the issue. They are calling for prompt action to prevent a further deterioration in the situation." The correspondent went on to say that there is an absence of Health Centres and the South Rupununi area generally has a problem of acute drug shortage and also shortage of essential medical facilities. All the Amerindian people receive are promises and more promises. The outbreak of malaria in the Rupununi is traceable to neglect by the PNC regime which has not been supplying the border areas with medicated salt. This is an essential ingredient to control malaria as recommended by the World Health Organisation. The movement of persons to and fro across the border could be responsible for the fresh rise of malaria from which under the PPP government Guyana was once free. [Text] [Georgetown MIRROR in English 4 Apr 82 p 3]

CSO: 5400/7548

DIARRHEA, MALARIA, MEASLES OUTBREAK

Monrovia DAILY OBSERVER in English 26 Apr 82 p 3

[Text]



Three persons have reportedly died as a results of a recent outbreak of diarrhea and malaria in Gonerlor Town, Tewor District, Grand Cape Mount County.

Those believed to have died of diarrhea are, Siafa Massaley and his wife Beh Gbessay. A madam Hawah Dabor reportedly died of malaria.

This was disclosed to the Liberia News Agency at the weekend by the Medical Director at the St. Timothy Hospital in Robertsport Doctor N. Sillah.

After the incident, a team of medical experts headed by Doctor Titus A. Kolawole including Miss Louis Hayes, in-service training coordinator for Grand Cape Mount County, visited the area to investigate the cause of the three deaths.

At the end of the investigation, Doctor Sillah said it was estushed that the town's drinking water supply was conducive for human consumption and that cholera could not be the cause of the deaths.

Meanwhile, signs of measles, have been discovered in the area, and efforts are now being made to immunize inhabitants in the entire town, including surroonding villages, against the disease. **LINA**

CSO: 5400/5977

BRIEFS

CHOLERA CASES IN SARAWAK--The Medical Services Department in Kuching announced on 7 May that the number of cholera cases in Sarawak had risen. Another five new cases had been confirmed in the 6th division bringing the total number of confirmed cases to 16. The number of confirmed carriers remained at 13. [BK090238 Kuala Lumpur Domestic Service in English 1130 GMT 7 May 82]

CSO: 5400/5978

FIRST AUTHORITATIVE STUDY OF DISEASE ORF COMPLETED

Christchurch THE PRESS in English 9 Mar 82 p 7

[Text] The Health Department has completed a study of orf, the disease caught by humans, from sheep infected with scabby mouth, and its report will be the first complete and authoritative study of orf in the world.

The deputy director (occupational health) of the department's Division of Public Health, Dr John Stoke, said that a team in the department, working with the veterinary faculty of Massey University, had just completed the field work throughout New Zealand, and the report would be published in May.

"Our policy is to keep under review all occupational health problems, and our chief priority is agricultural health," he said.

When the report was completed it would outline the incidence of orf in New Zealand, how humans are infected, and recommendations for the treatment and prevention of the disease.

One of the first outbreaks in New Zealand was in 1956, when five people were affected in a virus research department. The outbreak was reported in the "New Zealand Medical Journal."

The Health Department's annual report to Parliament has not named the disease in the past. It has been classified in the same group as two other more common diseases affecting agricultural workers, leptospirosis and brucellosis, but has been put under the heading "other."

In 1974, only two cases of orf were reported. In 1975, there were five. In 1978, 47 cases were reported, followed by 68 in 1979, 121 in 1980, and a similar number last year.

Dr Stoke said that the increase in the number of cases reported did not necessarily mean that more people were being affected. It could reflect a growing awareness of the disease and better recognition of its symptoms.

Orf usually infects humans through cuts or abrasions usually on the hands touching sheep infected with scabby mouth. After an incubation period of 10 to 14 days, a small white blister develops, enlarges, and fills with fluid. In most cases it gradually disappears in the next three to six weeks.

The Health Department official warned in an article in the "New Zealand Journal of Agriculture" in 1964 of the danger of humans getting the virus from sheep affected by scabby mouth, and advised people handling diseased sheep to wear rubber gloves or wash their hands frequently.

The International Labour Organisations's "Guide to Health and Hygiene in Agricultural Work" describes orf as contagious ecthyma. It recommends disinfection of abrasions and cuts after infected sheep have been handled and the use of protective gloves and clothing, to prevent catching the disease.

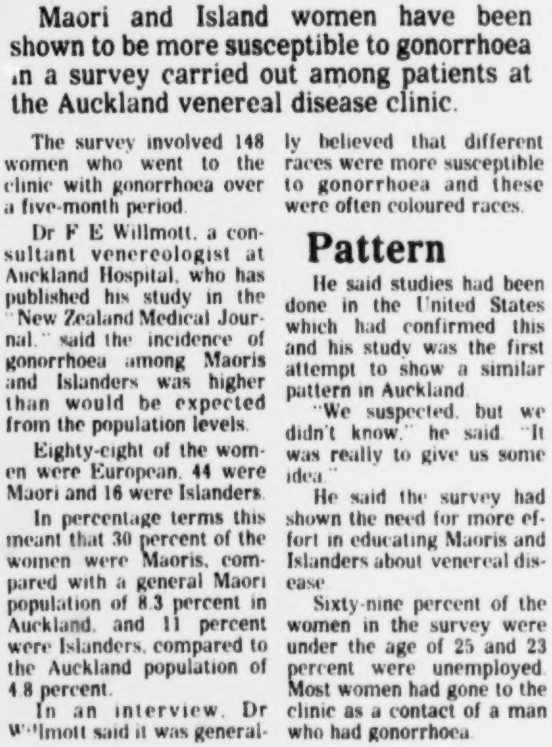
Vaccine can be used to prevent the spread of the disease among sheep in a flock on the farm, but the ILO guide says it is not appropriate for humans because it produces similar effects as the disease itself.

CSO: 5400/9080

SURVEY SHOWS POLYNESIANS MORE SUSCEPTIBLE TO GONORRHEA

Wellington THE EVENING POST in English 29 Mar 82 p 17

[Text]



Maori and Island women have been shown to be more susceptible to gonorrhoea in a survey carried out among patients at the Auckland venereal disease clinic.

The survey involved 148 women who went to the clinic with gonorrhoea over a five-month period.

Dr F E Willmott, a consultant venereologist at Auckland Hospital, who has published his study in the "New Zealand Medical Journal," said the incidence of gonorrhoea among Maoris and Islanders was higher than would be expected from the population levels.

Eighty-eight of the women were European, 44 were Maori and 16 were Islanders.

In percentage terms this meant that 30 percent of the women were Maoris, compared with a general Maori population of 8.3 percent in Auckland, and 11 percent were Islanders, compared to the Auckland population of 4.8 percent.

In an interview, Dr Willmott said it was generally believed that different races were more susceptible to gonorrhoea and these were often coloured races.

Pattern

He said studies had been done in the United States which had confirmed this and his study was the first attempt to show a similar pattern in Auckland.

"We suspected, but we didn't know," he said. "It was really to give us some idea."

He said the survey had shown the need for more effort in educating Maoris and Islanders about venereal disease.

Sixty-nine percent of the women in the survey were under the age of 25 and 23 percent were unemployed. Most women had gone to the clinic as a contact of a man who had gonorrhoea.

CSO: 5400/9080

BRIEFS

LISTERIOSIS CASES--A rare disease, listeriosis, which affects pregnant women and new-born babies has been reported to the Health Department in Christchurch. Two cases of listeriosis were reported last week and the Deputy Medical Officer of Health, Dr M. A. Brieseman, fears that they could be the beginning of a big outbreak. Normally only six cases of the disease are reported each year in New Zealand. An outbreak last year saw 14 cases reported in Christchurch. Dr Brieseman said that a pregnant woman would only notice the disease as an attack of flu but it could cause the baby to be aborted, a stillborn child, or a born with severe meningitis. Listeriosis could be treated if diagnosed by a special blood test. Pregnant women should see their doctor if they were in any doubt, he said. Because the disease was carried by a wide range of animals, pregnant women should avoid contact with animals, he said. "If contact is necessary, strict hygiene should be observed." [Text] [Christchurch THE PRESS in English 16 Mar 82 p 3]

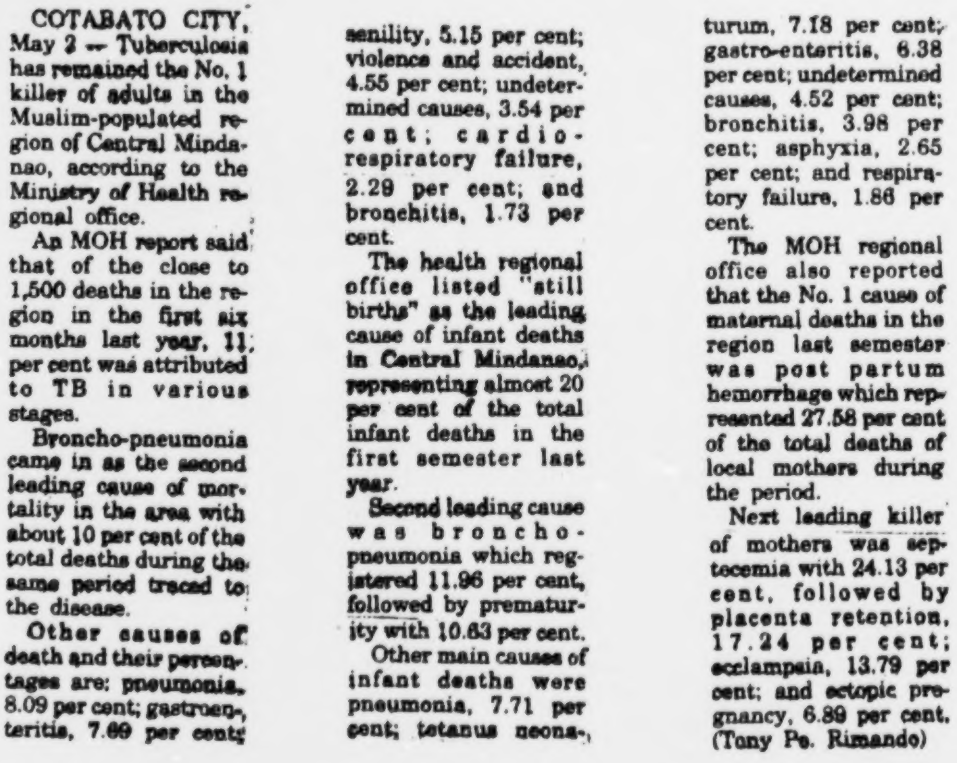
LEPTOSPIROSIS VACCINE--Staff Reporter Whangarei--A vaccine for humans against leptospirosis developed in Australia may be put on trial in Northland. The trial would be carried out by a working party on preventable disease established by a development group of the Northland Health Services advisory committee. A member of the group Mr Peter Brown, said the trial would go ahead subject to satisfactory trials in Australia and the necessary approvals being obtained. Leptospirosis is a disease that can be contracted from farm stock. Animals, not humans, are vaccinated against the disease now, Mr Brown said. But if farm workers could be vaccinated it would prove a far less expensive method of control. Discussions about a possible trial might be held with a senior research fellow of Monash University of Melbourne, Dr B. Alder, when he visits New Zealand in May. Between 40 and 80 confirmed cases of the disease are reported a year among about 3000 dairy farm workers in Northland. [Text] [Auckland THE NEW ZEALAND HERALD in English 20 Mar 82 p 8]

CSO: 5400/9082

TUBERCULOSIS TOP KILLER IN CENTRAL MINDANAO

Manila BULLETIN TODAY in English 3 May 82 p 10

[Text]



COTABATO CITY, May 2 -- Tuberculosis has remained the No. 1 killer of adults in the Muslim-populated region of Central Mindanao, according to the Ministry of Health regional office.

An MOH report said that of the close to 1,500 deaths in the region in the first six months last year, 11 per cent was attributed to TB in various stages.

Broncho-pneumonia came in as the second leading cause of mortality in the area with about 10 per cent of the total deaths during the same period traced to the disease.

Other causes of death and their percentages are: pneumonia, 8.09 per cent; gastroenteritis, 7.69 per cent; senility, 5.15 per cent; violence and accident, 4.55 per cent; undetermined causes, 3.54 per cent; cardio-respiratory failure, 2.29 per cent; and bronchitis, 1.73 per cent.

The health regional office listed "still births" as the leading cause of infant deaths in Central Mindanao, representing almost 20 per cent of the total infant deaths in the first semester last year.

Second leading cause was broncho-pneumonia which registered 11.96 per cent, followed by prematurity with 10.63 per cent.

Other main causes of infant deaths were pneumonia, 7.71 per cent; tetanus neonaturum, 7.18 per cent; gastro-enteritis, 6.38 per cent; undetermined causes, 4.52 per cent; bronchitis, 3.98 per cent; asphyxia, 2.65 per cent; and respiratory failure, 1.86 per cent.

The MOH regional office also reported that the No. 1 cause of maternal deaths in the region last semester was post partum hemorrhage which represented 27.58 per cent of the total deaths of local mothers during the period.

Next leading killer of mothers was septocemia with 24.13 per cent, followed by placenta retention, 17.24 per cent; ecclampsia, 13.79 per cent; and ectopic pregnancy, 6.89 per cent. (Tony Pe. Rimando)

CSO: 5400/5981

SHORTAGES OF DOCTORS, NURSES REPORTED

Shortage is 50 Percent

Colombo DAILY NEWS in English 23 Apr 82 p 3

[Text] The country's health services are today run with half the cadre of doctors. There were no doctors to fill the other vacancies said Health Minister Gamani Jayasuriya at a meeting at Uva-Paranagama during the weekend.

The Minister was speaking at the opening of the newly-built AMPs quarters at Wewagama.

He said the shortage was not confined to doctors, but in other categories of health service personnel as well, specially nurses and AMPs.

He was no magician and he had no magic formula to solve these problems. During the last 4 years he had done his best to meet the problems, and he had succeeded in improving the services to some extent.

He did not wish to blame anybody for these problems, yet he felt if the last government had taken some interest to increase the intake of doctors and nurses, the probems woud not have been so severe as they were today. He had only 1,500 doctors out of a cadre of 3,000.

Besides obtaining the services of UN volunteer doctors, the government had increased the intake of medical students and pupil nurses, but it would take another two years for them to complete their training, and join the service. He could not ask the people not to fall ill till then.

He felt that the overall development of the economy was vital at the moment, as additional funds were needed to improve services like health and education.

Mr. P. M. Karunaratne MP for Uwa-Paranagama also spoke.

Doctors Emigrating

Colombo DAILY NEWS in English 26 Apr 82 p 1

[Text] Government doctors are leaving the country at the rate of 15 to 20 a month and the Health Department is now 760 short of its doctors cadre of 2,260

Currently the four medical colleges at Colombo, Peradeniya Jaffna and Ruhuna provide a total of four hundred new doctors per year.

Increasing the intake is out of the question according to the University Grants Commission. The available facilities are fully utilised.

However by 1985 medical students graduating from the private medical college will also be available and the number of doctors passing annually will rise to 500 per year.

The authorities do not foresee an immediate slow-down of the exodus of doctors abroad.

In the long-term they believe that tighter restrictions on immigrants in Britain and other Western countries might discourage Lankan doctors from leaving the country in the present numbers.

Possible 'Standstill' in Nursing Services

Colombo THE ISLAND in English 26 Apr 82 p 1

[Article by L. B. Wijayasiri]

[Text] Government hospitals are likely to be crippled without nurses in the near future if the rate of pupil nurses dropping out of training schools continues.

There is already a big shortage of nurses in state hospitals and the current rate of drop-outs is likely to bring nursing services in hospitals to a standstill.

As reported in 'The Island' last week 400 of 1200 pupil nurses dropped out of training school last year.

The Public Services United Nurses Union has appealed to the Minister of Health Mr. Gamani Jayasuriya to do away with the new system and re-introduce an earlier system of training of nurses at government expense.

Student nurses giving up their studies is attributed mainly to their inability to maintain themselves during their training period.

The Union has also urged the Minister to stop charging students Rs. 25 as electricity charges. The union has suggested that bank loans be made available to pupil nurses to assist them to complete their training.

The last two batches of pupil nurses admitted in 1981 have to pay for the training that they are given and, in addition, have to buy their uniforms as well as pay for their food and lodging.

Rs. 25 per month is charged from each pupil as electricity charges.

Parents of a large number of pupil nurses have found they cannot afford to meet the expenses of this training, and their children had no other alternative but to give up the training half way. At Anuradhapura training school only about 12 pupil nurses have remained to continue their training and all the others have left. In other places, too, a large number of trainees have quit training in midstream.

CSO: 5400/5974

HANOI REPORTS ON TUBERCULOSIS PREVENTION, TREATMENT

BK041438 Hanoi International Service in English 1000 GMT 4 May 82

[Report from radio feature: "Here and There in Vietnam"]

[Excerpt] One expects to see in war-ravaged Vietnam a marked increase in tuberculosis incidence. But, according to Prof (Nguyen Dinh Huong), an authority on tuberculosis in Vietnam, tuberculosis incidence in this country has dropped by more than 65 percent within 20 years.

Professor (Huong), who is now director of the National Tuberculosis Institute, recalled that organized fight against tuberculosis did not begin in the north until 1957, that is, 3 years after the return of peace, and in the south until 1975, when South Vietnam was liberated. Today, he said, a wide network of anti-TB fight has taken shape in almost all provinces as an integral part of the general health network, especially at the grass-roots level.

In many villages, there are health workers responsible for the vaccination of newborn and ambulatory treatment of patients. Every year, more than 1.5 million newborn babies and children are vaccinated against tuberculosis and between 30,000 to 40,000 new cases are detected, treated and cured. Investigations show that compared with the situation of 20 years ago, tuberculosis prevalence has dropped by more than 65 percent or by two-thirds. Bacillary prevalence, that is, the total number of communicable cases whose sputum contains TB bacilli, is from 1 to 1.5 per million. Bacillary incidence, that is the number of new cases detected in a year, is around 0.6 and 1 per million.

In the pilot zones, after some 5 years of organization and realization of the anti-tuberculosis program, the situation has improved to the extent comparable to that in European countries.

Prof (Nguyen Dinh Huong) said that Vietnam has received aid from many countries and associations in the anti-TB fight. In the '60's Soviet, GDR and Bulgarian specialists came to work in collaboration with Vietnamese physiologists. In recent years, various humanitarian associations, such as the Association Amicale Franco-Vietnamienne [AAFV], the (Medic) Committee Netherlands-Vietnam [MCNV] and the Central Sanitarie Suisse, continued to provide aid for the Vietnamese anti-tuberculosis service. The AFFV, for instance, has helped Vietnam install a (?reference) bacteriology laboratory at the TB Institute. The MCNA has supplied more than 600 microscopes to equip detection centers at the district level and also a large quantity of medicine.

Prof (Nguyen Dinh Huong), however, noted that in the present conditions of the country, when the tuberculosis incidence is still high, the fight remains an arduous one, especially with regard to the material basis such as drugs, microscopes, radiology equipment, medical products for the coloring of sputum, film, documents and material for sanitary education and also tuberculosis for diagnostic tests and BCG for vaccination.

CSO: 5400/5978

POOR MANAGEMENT, RED-TAPE HAMPER DRUG PRODUCTION

Hanoi NHAN DAN in Vietnamese 18 and 19 Feb 82

[Article by Professor Do Tat Loi: "What Can Be Done To Speed Up the Availability of Medicines"]

[18 Feb 82, p 3]

[Text] The present shortage of medicine is a concern of virtually all patients and their families. The thinking that we lack medicine is actually becoming strong among the people of the entire country.

In the face of this situation, many publications and many authors in the capital and numerous provinces and municipalities have discussed the causes of this situation at great length and proposed many ways to quickly overcome this situation.

One of the measures with which practically all authors are in agreement is the need to accelerate the production of medicine. However, how this can be done is still a matter of debate.

One of the reasons why the production and distribution of medicine have developed slowly and have not kept pace with requirements has been poor management. However, why our management has not been good must be precisely defined; only on this basis can we develop and propose precise measures.

Below are a few of our opinions concerning accelerating the production of medicine and reorganizing the management of the production and distribution of drugs in order to quickly overcome the shortage of medicine and, in addition, implement the guideline of becoming independent as regards medicine so that our medicine industry is not only able to satisfy the medicine needs of the people, but will also provide a more than small source of foreign currency that can be used to meet other needs.

Medicine Production Guidelines

In the past and at present, the guideline on the level that has responsibility and authority has been to decentralize production into the three areas of natural pharmaceutical materials, pharmaceutical chemicals and antibiotics. This guideline emerges from the statistical data and costs in the medicine budget in our country: each year, pharmaceutical chemicals (aspirin, sulfamides and so forth) constitute 40 percent of the budget while antibiotics (penicillin, streptomycin and so forth) constitute 30 percent and natural pharmaceutical materials only constitute 30 percent; therefore, those persons who support the guideline of decentralizing drug production in three different areas think that in order to quickly achieve self-sufficiency in medicine, it is necessary to build the pharmaceutical chemical industry and the antibiotic industry together with developing the production of natural pharmaceutical materials because self-sufficiency in these two types of drugs alone would account for 70 percent of the budget while producing 100 percent of the natural pharmaceutical materials we need would only account for 30 percent of the medicine budget. Some persons also say that even in the Soviet Union, a country that gives very much attention to developing its domestic sources of natural pharmaceutical materials, costs for these materials in the medicine budget only constitute 40 percent. Some 60 percent of the budget must still be spent for pharmaceutical chemicals and antibiotics.

We cannot establish medicine production guidelines within a country on the basis of such statistical cost data.

The realities of nearly 30 years of building a pharmaceutical industry that is decentralized in the three areas mentioned above have shown that building a base and training cadres for the pharmaceutical chemical and antibiotic sectors are very costly and require much time but, in the end, if there are cadres and factories, virtually all of the raw materials and chemicals, even the solutions, needed to operate these factories must be imported at a time when we do not have the necessary foreign currency and do not have a strong position from which to compel other countries to sell us the necessary solutions and chemicals. As a result, the small amount of initial capital we had has been spent in ways that have not yielded prompt economic returns (it must also be clearly stated here that we are using the term "pharmaceutical chemicals" to denote those types of medicines compounded by completely or semi-synthetic methods using raw materials and subsidiary materials, virtually all of which we must still import; the extraction of drugs from plants and animals are still considered by us to be part of the natural pharmaceutical materials industry because, in order to develop an extraction industry, it is first of all necessary to develop the research and cultivation of the plants and animals used to make drugs).

The same applies to the antibiotic industry; although the warm, humid climate of our country is very well suited to the growth of fungi, in order to extract antibiotics from fungi in quantities and quality of necessary scientific and economic significance, we must have an adequate supply of the many different types of chemicals used to make environments and solutions for extraction and must have large fermentation tanks and sophisticated machinery to maintain these environments at a specific temperature and humidity. All of these pieces of equipment, chemicals and solutions require very large costs, are supplied by foreign countries and, as a result, require very large sums of foreign currency. Therefore, it is necessary to make careful calculations and to make certain persons responsible for everything from proposing specific measures to implementing and observing their implementation. If they succeed, they should be promoted; if they do not succeed, they should be demoted and disciplined.

Even with regard to natural pharmaceutical materials, we must abandon the mistaken concept that we must raise all of the plants and animals used to make drugs that we need. This is impractical and uneconomical. We will not achieve the desired results.

The correct attitude toward natural pharmaceutical materials is that we must select from among those existing plants and animals used to make drugs or those that can be developed in our country a number of plants and animals that are clearly efficacious in the treatment of disease, are in high demand both at home and abroad and are of high economic value; at the same time, we must correctly evaluate the capabilities for expanding their cultivation and set forth specific measures to achieve a level of production of commercial significance within the shortest possible amount of time in order to allocate some of this output to meet domestic needs and allocate the major portion for exportation in order to earn foreign currency with which to trade, on an equal basis, with other countries for drugs, implements and equipment that we do not produce or do not produce very economically. As regards natural pharmaceutical products, particular attention must be given to selecting traditional medicines that primarily utilize special product crops and animals of our country in order to compound unique products that bear the special seal of Vietnam as this is the only way we can avoid worrying about competition (because, we should remember that a number of other tropical countries might have the same plants and animals used to make drugs that we have in our country; however, their methods of processing and using them are, for the most part, different than ours). Therefore, if our drugs are more efficacious, we will not have to worry about competition provided that we always produce the required quantity, maintain their quality and supply them on schedule.

In the past, we did achieve one success in the area of natural pharmaceutical materials but it is regrettable that we did not promptly gain experience in order to develop upon this success. The success involved the cultivation of peppermint plants and the extraction of essential peppermint oil. The peppermint plant, oil of peppermint and menthol are widely used in both Eastern and Western medicine in the form of rubbing oil to treat colds and headaches; oil of peppermint and menthol are also used in the candy industry, in the production of peppermint soft drink and peppermint wine, in the production of toothpaste to disinfect and deodorize the mouth, in the tobacco industry and so forth. The demand at home is large but the demand overseas is even larger because we have compounded and exported to the fraternal countries and other countries tiger balm, which is a special medication of traditional East Asian medicine of which our country is an excellent representative.

Although the demand is large and despite the fact that the peppermint plant easily grows everywhere in our country, until 1972, all the oil of peppermint and menthol we used had to be imported. And, in the peppermint products we produced for domestic consumption and exportation, we only played the role of a processor and were totally dependent upon the sources of raw materials purchased from other countries. A number of responsible research agencies had reached the conclusion that our country could not achieve self-sufficiency in oil of peppermint and menthol. However, in 1972, on the basis of the results of dozens of years of research on the peppermint plant, especially the peppermint plants of our country and the rest of the world, we requested permission to undertake this work and received the support and encouragement of the Office of the Premier (now the Office of the Council of Ministers), the Ministry of Publich Health, the Ministry of Foreign Trade and many provinces and municipalities, which created the necessary conditions for us; after only 6 years of work, that is, from 1977 on, instead of having to import all oil of peppermint, we not only annually produced a quantity of oil of peppermint equal to the quantity imported by us during the year of largest imports, but also began to export some oil of peppermint and produced a large quantity of menthol, which is surely something that a pharmaceutical plant equipped with very expensive equipment and manned by skilled workers trained overseas could not do in such a short time. By means of developing the production of natural pharmaceutical materials, we produced a better, less expensive pharmaceutical product, produced it more rapidly and produced a product more consistent with the circumstances of Vietnam because, in order to produce the total quantity of menthol that we produced, we would have had to construct a very expensive factory equipped almost entirely with equipment from foreign countries and manned by specialized cadres and workers who would have had to spend a long period of time overseas receiving classroom and practical training. Here, however, we turned the fields of our country into a factory using tropical sunlight and temperatures to synthesize these products and employed our elderly farmers as workers of this "green" factory. If we had gained experience, if we provided better incentive and a better organization, the figure of 500 million jars of Sao Vang ointment that we wanted to produce (on the basis of using raw materials and secondary materials produced almost entirely by us) would surely not be a dream now. And, if we had achieved the production level of 500 million jars of Sao Vang ointment, we would have achieved, for the first time, a very high level of self-sufficiency in drugs. Because, with our present population of more than 50 million, if each person purchases 10 dong worth of drugs per year and these drugs are produced using our manpower, raw materials and secondary materials or acquired through trade, we can be considered to have achieved self-sufficiency in drugs. The experts who made this calculation also maintain that it is only necessary to export 300 million jars of Sao Vang ointment each year in order to have the foreign currency needed to import all the drugs we need.

However, it is very regrettable that, beginning in 1977, the output of oil of peppermint throughout the country, instead of constantly increasing, has constantly decreased.

Very many similar cases can be cited: prior to 1969, all drugs used to treat amebic dysentery and bacillary dysentery had to be imported: e-me-tin, mi-xi-o and xto-vao-xon [Vietnamese phonetics] were imported to treat amebic dysentery, ga-ni-dan [Vietnamese phonetids] and tetracycline were imported to treat bacillary dysentery and en-te-ro-xep-ton [Vietnamese phonetics] was imported to treat enteritis. As a result of scientific research, we reduced the importation of these drugs by more than 90 percent; however, in just a short amount of time, as a result of irregular and untimely production and distribution and the lack of guidance, the use of imported drugs increased. There are available worm medicines within our country, such as worm oil and the roots and bark of the bead-tree; if their production and distribution were organized well, it would surely help us reduce the present shortage of these types of drugs and save us the large amount of foreign currency now being used to import the worm medicine De-ca-rit [Vietnamese phonetics], a drug concerning which there is no shortage of criticism but which we must continue to import and use because we have no other drug to take its place. It has reached the point where people say that it is more difficult to find our drugs and that they are more expensive than Western drugs. Prior to 1955, all gynecological drugs had to be imported: traditional national medicine could not go without the ingredients of drug formulations that had to be imported and modern medicine had to import the drug ingredients that we did not yet produce. However, at present, after focusing our efforts on this problem, it can be said that we are only dependent upon foreign countries for roughly 10 percent of these types of drugs.

[19 Feb 82, p 3]

[Text] How Must the Management and Organization of Medicine Production Be Reorganized?

The only way to quickly end the shortage of drugs is to accelerate the production of medicine on the basis of domestic raw materials, subsidiary materials and manpower. At present, however, the persons who are capable of producing medicine are hampered by very many procedures and policies regarding drug production cadres, prices and so forth, which have created many difficulties and obstacles.

In Ho Chi Minh City and a number of provinces and other cities in the South, local doctors (persons who market drugs) are licensed but the pharmacists in the same localities (persons who could produce drugs) are not licensed. There are also doctors and pharmacists who have come from the forest regions or the North who are also not licensed. What are the consequences of this policy? Licensed physicians are not satisfied because they clearly see that their work has no future. To obtain drugs when there is no one outside the staff of the state to prepare drugs, there is no other choice but to encourage the taking of drugs from state warehouses, warehouses which are inadequate in themselves), produce fake drugs or serve as representatives and actively distribute drugs for foreign drug companies (through outdoor markets and drugs sent by relatives overseas). When it was first liberated, Ho Chi Minh City had more than 300 pharmacies and pharmaceutical houses, the specialized skills and ethical qualities of whose pharmacists the state could have used; however, we disbanded these facilities and incorporated them within state agencies but did not provide their pharmacists with jobs; then, due to the shortage of medicine, tens of thousands of persons selling drugs at outdoor markets appeared as did places where fake drugs are made by persons whose level of skill and personal backgrounds we do not know. In the face of negative phenomena, we had to organize units to manage the medicine market but, despite much time and effort, not many results have been achieved. This is not to mention the problem of patients buying fake medicine, contracting an illness and wasting their money; patients must purchase many types of foreign drugs that we have the ability to supply at lower prices and the quality of which, if not better, is not worse. Consider the following few examples: one box of co-phy-ton [Vietnamese phonetics] from France to treat hepatitis, which is compounded from ac-ti-so [Vietnamese phonetics] paste (a type of medicinal plant that grows very widely in many provinces of our country, especially in Da Lat) costs a patient 90 dong for a package of 60 tablets, each of which contains 0.02 gram of ac-ti-so paste, which amounts to a total of 7,500 dong per kilogram of paste; meanwhile, 1 kilogram of ac-ti-so paste produced in our country only costs 120 to 200 dong. We firmly believe that our pharmaceutical sector can produce pastes of quality at least equal to that of the ac-ti-so from France and at a price only slightly more expensive than the present price. In this way, the foreign currency of relatives overseas could be used to purchase other drugs that we cannot produce or produce at very high cost. Another example is a box of ne-o-co-di-ong [Vietnamese phonetics] cough medicine; patients must pay 90 to 125 dong for a box of 25 tablets, which is an average of 4 to 5 dong per tablet. Ne-o-co-di-ong tablets compounded from tec-pin [Vietnamese phonetics] and codeine are a drug tnat we have been able to produce for a long time. If we are permitted to produce it and sell it at a cost of 1 to 2 dong or less per tablet, many persons within our pharmaceutical sector can produce this drug in ever increasing quantities and quality and, if provided incentive by the state, we can surely put an end to these unreasonable situations because these are drugs that are compounded primarily from domestic raw materials and subsidiary materials. Who is preventing pharmacists from performing such work? The people and the state are appealing to every intellectual to use their knowledge to produce material wealth for society. However, licensing principles and procedures, policies and regulations that have arisen over a long period of time and our dependency upon foreign aid for drugs and the raw materials needed to make them are restricting the production of our country's pharmaceutical sector.

Even in the North, persons who use drugs compounded from domestic raw materials to treat diseases are awarded and given incentive but the persons who research the production of these drugs from domestic raw materials are not awarded or given incentive. Because, in order to receive an award, it is necessary to file an application and go through very many complex procedures, which affect the self-respect of a person who researches a new drug. Allow us to cite one case: up until 1955, all of the drugs to treat heart ailments in our country had to be imported. In 1955, we researched the extraction from the leaves of rose-laurel plants planted for ornamental purposes in our country of the substance ne-ri-o-lin [Vietnamese phonetics] by means of very Vietnamese methods and, as a result, were able to quickly produce much of this substance well and at low costs. In mid-1965, Dr. Vu Dinh Hai at the Vietnam-Czechoslovakia Friendship Hospital in Haiphong used this drug and received an award of more than 500 dong; to date, however, the persons who researched the production of ne-ri-o-lin have still not been awarded or provided incentive even though the drug is continuing to be produced and used. At present, in addition to ne-ri-o-lin, we are putting many other types of drugs into production, drugs that have the trust of the people and are compounded entirely on the basis of domestic raw materials, subsidiary materials and manpower, such as drugs to treat high blood pressure and gyencological disorders (drug HA-1, injectible, in Hanoi, pan-ma [Vietnamese phonetics] tablets, and "nha dam tu" to treat dysentery and diarrhea, which are presently being distributed throughout the country); we are continuing to produce these drugs but without ever receiving encouragement or incentive. It is also necessary to state here that scientific researchers, when engaged in research, never work merely for incentive or awards but under the policy of only providing incentive to persons who use drugs while giving light attention to persons who make drugs, who research new, efficacious drugs and who could produce them in large quantities under our present conditions, how is it possible to accelerate the production of drugs as many people desire?

At a time when druggists who are fully educated in the science of modern pharmacy and the drugs of traditional medicine but are not allowed to organize and produce our drugs and traditional national drugs or, if they want to produce these drugs, must go through very many extremely complicated procedures and usually must wait for years for permission to be granted, in the field of the national medicine profession and business, there are virtually no qualifications whatsoever, with sometimes nothing more being required than a certificate stating that one is from a family in which there are one or two traditional pharmacists.

Another problem in management that must be quickly resolved is how to rapidly introduce research results in production and how to produce an increasingly large quantity of higher quality products once these results have been introduced in production. To produce drugs, research must be carried out first. By examining statistics and attending scientific conferences, one sees that there are very many scientific research projects. Scientific conferences usually include exhibits. The new drugs in exhibits are very diverse and interesting. But, one must wait forever to see these drugs on sale. Scientists complain that there are no production facilities that are willing to implement their research projects. Production facilities complain that researchers are unrealistic because they want to use raw materials and subsidiary materials that cannot be obtained and equipment that must be imported; or, no one will act as a subcontractor or subcontracting costs are too high. Drugs cannot be marketed because production costs are too high. Some drugs have been produced but distributors complain that although the drugs are available, doctors do not prescribe them or patients do not feel that they are as effective as stated in the results of research projects, consequently, they do not ask for these drugs. The greatest harm is caused by those provinces that have natural pharmaceutical material corporations or units purchasing these materials that are separated from production enterprises (which have the task of propagandizing and providing instructions in the purchasing of natural pharmaceutical materials raised by the people). Because drugs cannot be marketed, enterprises must cease production, consequently, they do not use the raw materials purchased by the natural pharmaceutical material corporations or units. Notification that purchases have stopped are generally made too late, made after the people have taken their products but found that they will not be purchased (or are purchased after many procedures, tests and a complicated payment process that causes producers to lose much time, which is not to mention the fact that the prices which are paid are usually inaccurate). Once this happens one or two times, the people lose confidence in the agencies of the state; the next time, they are hesitant and cautious regardless of what is said to them and this is the basic problem because they provide a supply of raw materials from agricultural, forestry and fishing sources that are seasonal in nature and must be processed within a certain amount of time or they will spoil, thereby reducing their quality or rendering them useless as raw materials for the production of drugs. This is not to mention the fact that a number of provinces have raised the prices paid for some species of plants and animals far above market prices but do not purchase them from the people and do not transport citizens to other places so that they can sell their products before their quality declines.

On the basis of the analysis of the situation presented above, in order to quickly resolve the shortage of medicine in a fundamental manner and, if possible, in order to acquire additional sources of foreign currency to meet other needs, we suggest:

1. It is necessary to fully implement the guideline established by the party and state for the pharmaceutical sector, namely, building our country's pharmaceutical industry on the basis of the extremely rich and diverse sources of natural pharmaceutical materials (which include the medicinal plants, animals and minerals used by us to make drugs) as well as the experiences gained in the treatmemt of disease using the time-honored drugs of our forefathers in order to quickly meet the needs of the people for drugs to prevent and treat illnesses.

2. The organizational structure of the pharmaceutical sector, especially the production of drugs (natural pharmaceutical materials, chemical pharmaceuticals, antibiotics and so forth), must be placed within one scientific, technical and economic sector and must be eligible for the policies and systems that govern high-level industrial sectors which, although small in size, produce products of high use value and high economic value.

3. As long as the production and distribution installations of the state are very weak and do not meet the drug needs of the people, it is necessary to trust the people and creatively apply the guideline of the state and the people working together. We think that the unified management of medicine by the state does not mean centralizing the production of drugs within state agencies, but means stipulating the level of skill and the ethical qualifications of the persons active within the drug production sector and adopting hygienic standards and standards for each type drug. The state should only inspect compliance with these regulations in order to encourage and provide incentive for the entire modern medical sector as well as the entire traditional medical sector to contribute as much as possible to the production of very many high quality drugs for the people.

4. It is necessary to reconsider dividing the activities of the present pharmaceutical sector into natural pharmaceutical material corporations, pharmaceutical corporations and pharmaceutical enterprises as well as the merger of these corporations on the various levels into federations of enterprises in order to avoid surpluses at one place and shortages at another with no one being ultimately responsbile for resolving this problem.

5. We must reorganize the College of Pharmacy of Vietnam. To insure that the jobs mentioned above are performed, we must have cadres who are skilled in both theory and practice. The degree to which a project is applied in production should be

used to evaluate and assign work to cadres of the pharmaceutical sector. In production, researching and creating sources of raw materials for the pharmaceutical industry must be the highest standard. For example, we should determinedly replace the head of a department in the pharmaceutical industry who has not put one project into industrial production in the past 10 years or has not helped one province or district produce a new drug on an industrial scale.

The organization and program for the training of the cadres of our pharmaceutical sector still resemble the organization and program of past years and only involve training pharmacists to process and serve as agents distributing drugs and raw materials imported from foreign countries. It is very difficult to assign jobs to pharmacists who are trained in this way. The number of pharmacists that must be trained is very small but the staff of the school cannot be reduced more without influencing the quality of instruction, consequently, many persons have raised the question: "Should the College of Pharmacy become a faculty in another school?" To eliminate this unstable urganizational situation, we think that we should organize a school of pharmacy in which, besides the present classroom instruction and laboratories, there are also farms (or cooperatives) that raise the plants and animals used to make drugs, a pharmaceutical shop or enterprise converting available domestic plants, animals or raw materials into drugs and a store introducing and distributing the drugs resulting from the research performed from the school shop. The size of these farms (cooperatives), the shop (or enterprise) as well as the store of the school must be on the scale of model units and must be large enough to actually reflect how these installations would operate in society but not so large that they cannot become a whole enterprise or store; in particular, they cannot be so large that they take raw materials and jobs from existing stores and enterprises, rather, they must serve as models and stimulate the expansion of these enterprises and stores.

Within such a school, teachers and students could engage in instruction and learning while participating in scientific research and production, thereby helping to make medicine for society. By doing this well, we think that, in a short amount of time, society will not have to invest much money in training but will still be able to train good, practical cadres and still be able to conduct scientific research while producing drugs.

We believe that, in the space of 10 to 15 years, by organizing the successful implementation of production guidelines as well as reorganizing management in order to fully tap the zeal and the ability to contribute of the cadres within the sector, our country will not only achieve self-sufficiency in drugs, but will also be able to build, on an independent basis, a complete pharmaceutical sector consisting of natural pharmaceutical materials, chemical pharmaceuticals and antibiotics in order to have many types of drugs for exportation and earn foreign currency with which to import other necessary products.

7809
CSO: 5400/5889

BRIEFS

VACCINATIONS FOR RABIES, ENCEPHALOMYELITIS--Elio Peron Mirabal, the director of the Institute of Veterinary Medicine in the region, announced that the first stage of vaccinating against infectious equine rabies will begin in Havana Province on the 17th and 18th, and the second stage on the 24th and 25th of this month. Commissions which will be in charge of the campaign were set up for that purpose in the provinces and in 19 municipalities and will be composed of People's Government which will oversee them, the Intitute of Veterinary Medicine, the ANAP (National Association of Small Farmers), the PNR National Revolutionary Police), and other mass organizations. The directorate will get in touch with owners of animals who, on the dates above, should take them to vaccination points between 8 am and 6 pm on Saturdays and from 8 am to noon Sundays. Moreover, it is necessary that all equine species be vaccinated during the first stage, while in the second on the 24th and 25th, only those less than 3 years of age will be given the dosage against rabies along with all dogs that have not been immunized. [Text] [Havana JUVENTUD REBELDE in Spanish 13 Apr 82 p 1] 9908

CSO: 5400/1507

DENIALS OF FOOT-AND-MOUTH DISEASE INCIDENCE

Monrovia DAILY OBSERVER in English 26 Apr 82 pp 1, 10

[Excerpt] **Reports reaching the Daily Observer that an outbreak of foot and mouth disease was likely in the country because of cattle being brought in from Mali, have been refuted by officials of the Ministry of Agriculture.**

Mr. Levi K. Jones, Chief Inspector at the Slaughter House on the Gardnersville Road, Monrovia, said in an interview on Friday that foot and mouth disease (FMD) is not present in Liberia today.

CSO: 5400/5977

BREAKTHROUGH IN FIGHT AGAINST RYEGRASS STAGGERS REPORTED

Christchurch THE PRESS in English 25 Mar 82 p 5

[Text] PA Wellington

The Minister of Agriculture (Mr MacIntyre) has announced a breakthrough in the fight against ryegrass staggers, a serious disease affecting sheep and cattle.

Mr MacIntyre said new findings by Ministry research scientists could spell the end of the disease as a serious problem.

Scientists now had strong evidence that neurotoxins produced by a fungus, or by fungus-infected plants, were the cause of the disease suffered by stock on farms every summer and autumn. The research also pointed the way to possible practical control measures.

Ryegrass staggers is a widespread and growing disease which affects animals' co-ordination, and causes millions of dollars of lost agricultural production each year. It can occur any time between December and May.

"Intensive efforts by research teams at Ruakura and Lincoln, based on earlier joint studies by Ministry and D.S.I.R. scientists, have found a close correlation between the incidence and severity of ryegrass staggers and the presence of a parasitic fungus known as Lolium endophyte," said Mr MacIntyre.

Trials indicated that while endophyte-infected ryegrass could produce the disease in grazing animals, endophyte-free grass did not, he said.

"Microscopic studies have shown that the fungus is present in the leaf, stem, and seed of perennial ryegrass in many pasture locations. In a major advance, two chemical substances which could be neurotoxins have been extracted from ryegrass seed samples and from ryegrass plants."

The substances, named lolitrem A and lolitrem B, had been isolated through intensive laboratory work. Both had produced symptoms of ryegrass staggers in laboratory animals.

"New fungicides give a measure of control of Lolium endophyte, and the viability of the endophyte in ryegrass seed diminishes during prolonged storage," said Mr MacIntyre.

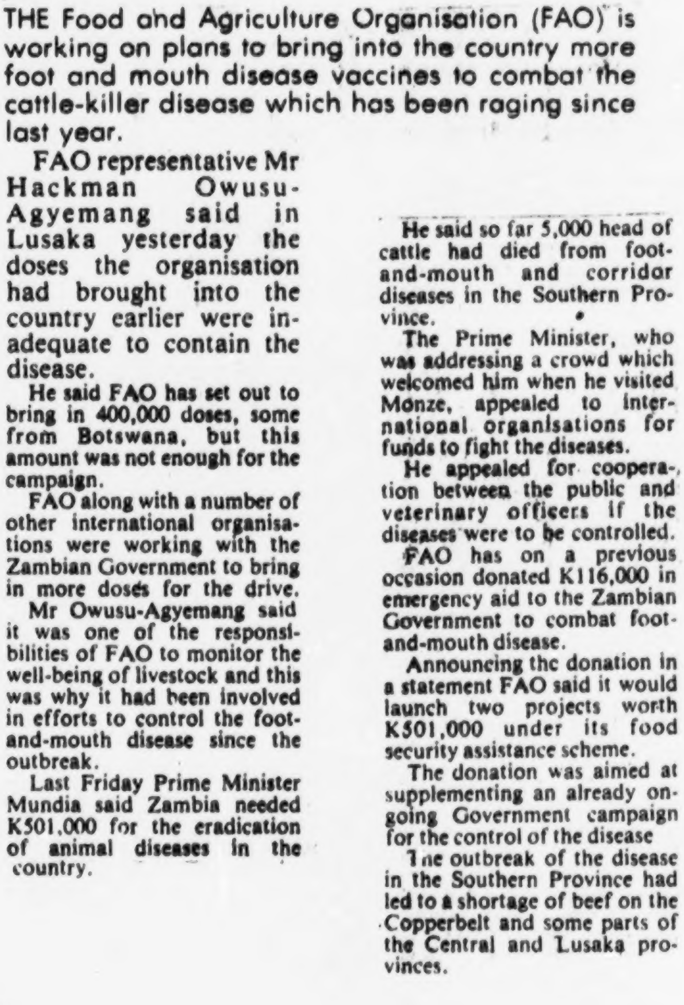
"Effective practical control of ryegrass staggers in grazing livestock could soon be a reality."

CSO: 5400/9081

FAO TO BRING IN MORE FOOT-AND-MOUTH DISEASE VACCINES

Lusaka TIMES OF ZAMBIA in English 5 May 82 p 7

[Text]



THE Food and Agriculture Organisation (FAO) is working on plans to bring into the country more foot and mouth disease vaccines to combat the cattle-killer disease which has been raging since last year.

FAO representative Mr Hackman Owusu-Agyemang said in Lusaka yesterday the doses the organisation had brought into the country earlier were inadequate to contain the disease.

He said FAO has set out to bring in 400,000 doses, some from Botswana, but this amount was not enough for the campaign.

FAO along with a number of other international organisations were working with the Zambian Government to bring in more doses for the drive.

Mr Owusu-Agyemang said it was one of the responsibilities of FAO to monitor the well-being of livestock and this was why it had been involved in efforts to control the foot-and-mouth disease since the outbreak.

Last Friday Prime Minister Mundia said Zambia needed K501,000 for the eradication of animal diseases in the country.

He said so far 5,000 head of cattle had died from foot-and-mouth and corridor diseases in the Southern Province.

The Prime Minister, who was addressing a crowd which welcomed him when he visited Monze, appealed to international organisations for funds to fight the diseases.

He appealed for cooperation between the public and veterinary officers if the diseases were to be controlled.

FAO has on a previous occasion donated K116,000 in emergency aid to the Zambian Government to combat foot-and-mouth disease.

Announcing the donation in a statement FAO said it would launch two projects worth K501,000 under its food security assistance scheme.

The donation was aimed at supplementing an already on-going Government campaign for the control of the disease

The outbreak of the disease in the Southern Province had led to a shortage of beef on the Copperbelt and some parts of the Central and Lusaka provinces.

CSO: 5400/5984

CORRIDOR, FOOT-AND-MOUTH DISEASE, INCIDENCE, PREVENTIVE MEASURES

Lusaka SUNDAY TIMES in English 25 Apr 82 p 1

[Text]

CORRIDOR: a tick-borne livestock disease. has broken out in Monze district killing 2.531 animals. mostly cattle. acting district governor Mr Nesford Moonde has said.

Speaking in Livingstone when he presented his district's progress report to the provincial development council. which was chaired by Member of the Central Committee for Southern Province Mr Mungoni Liso. Mr Moonde said:

"Unfortunately the veterinary department has not been able to cope with the disease because of lack of funds."

But he said the department had since advised the local people to buy their own dipping chemicals which they accepted.

The district had 13 Government dipping tanks and 19 private ones all in good condition.

The governor said foot and mouth disease. unlike corridor. had not claimed any animal life in his area.

"At present it seems it has been overcome by the veterinary department. About 54.000 animals have been vaccinated while 53.000 have been booster-vaccinated against the disease."

Meanwhile. livestock movement has been prohibited in Mumbwa district because of an outbreak of foot and mouth disease.

This is contained in the **Government Gazette** prohibiting such movements except with a special permit from a veterinary officer.

CSO: 5400/5976

BRIEFS

FOOT-AND-MOUTH ERADICATION SURVEY--The Ministry of Agriculture and Water Development is waiting for data on a survey to determine the effectiveness of the eradication campaign of foot and mouth disease in Southern Province, Minister of State Mr Justin Mukando said yesterday. A team from the ministry had been sent to the province to assess the situation and find effective means of combating the disease which had spread to Mumbwa in the Central Province. He said the survey team had already completed work and was expected to submit its report today His counterpart in the ministry Mr Noah Dilamonu said earlier this year that Zambia would need more funds if the disease was to be wiped out. Mr Dilamonu said this when he announced that the Government had bought cattle vaccines worth K88,000 from Kenya to fight the desease in Monze, Choma, Mazabuka and Namwala where it first broke out. Mr Mundai said in Monze on Thursday that the country would need about K900,000 to eradicate animal diseases. He said 5,000 herds of cattle had died since the foot and mouth and corridor diseases broke out. He appealed to international organisations for help in the fight against the diseases and urged the people to cooperate with veterinary officials who were striving to control the spread of the disease. [Text] [Lusaka TIMES OF ZAMBIA in English 3 May 82 p 1]

CSO: 5400/5975

BRIEFS

NGHIA BINH RICE INFESTATION--More than 10,000 hectares of rice in Nghia Binh Province have been damaged by stem borers, leaf rollers, rice gall fly, root suffocation disease and rats. The province's agriculture sector has strengthened and provided guidance to the members of 350 crop protection units in the various localities in how to prevent and control pests by many integrated measures, only using chemicals when necessary. The cooperatives have unified the management and use of pesticides and not distributed them to groups and laborers cultivating fields under contract. The crop protection stations of the districts and cities have selected 17 sites from which to monitor the pest situation. The province has supplied to cooperatives 200 tons of pesticide and 200 spray tanks. Many localities in which rice crops have been heavily damaged have delineated the affected areas and mobilized labor, supplies and pesticide to effectively eradicate pests. The districts of Mo Duc, Hoai An and Nghia Hanh, in which much rice has root suffocation disease, have applied additional phosphate fertilizer and lime, weeded rice an additional time and applied mud to rice. As a result, the cooperatives and production collectives have saved 10,000 hectares of rice from pests. /Excerpt/ /Hanoi NHAN DAN in Vietnamese 21 Feb 82 p 1/ 7809

RICE INFESTATION--In Tien Giang Province, pests have developed on the main plantings of winter-spring rice; as of 10 February, more than 25,000 hectares (nearly 38 percent of the area sown and transplanted) in the province were invested by pests, with 14,800 hectares, primarily in the districts of Cai Lay, Cai Be, Chau Thanh and Cho Gao, being heavily invested. The Agriculture Service, together with the various districts, has supplied pesticides to farmers and instructed them in ways to control pests and prevent them from spreading. Tien Giang has mobilized 10,000 mandays to build small-scale water conservancy projects and promptly provide irrigation water to 1,000 hectares of rice in the two districts of Cai Lay and Cai Be. /Excerpt/ /Hanoi NHAN DAN in Vietnamese 18 Feb 82 p 1/ 7809

THAI BINH HARMFUL INSECTS--Thai Binh Province has saved 5,000 hectares of 5th-month spring rice from being ravaged by harmful insects. Leaf rollers and brown leafhoppers have appeared in many districts and the province is launching a 20-day campaign to eradicate them. Cadres from the Vegetation Protection Department and the water conservancy sector have coordinated with the province's agricultural cadres in carrying out this campaign triumphantly. [BK090211 Hanoi Domestic Service in Vietnamese 2300 GMT 7 May 82]

BINH TRI THIEN HARMFUL INSECTS--Le Ninh District, Binh Tri Thien Province, has recently saved 13,350 hectares of winter-spring rice from being ravaged by harmful insects, mostly ground beetles. The province is launching a campaign to eradicate all kinds of harmful insects to save ricefields and fulfill its plan norms for the winter-spring crop. [BK090211 Hanoi Domestic Service in Vietnamese 2300 GMT 6 May 82]

CSO: 5400/5978 END

JPRS 81006

9 June 1982

Worldwide Report

EPIDEMIOLOGY

No. 281

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9 June 1982

WORLDWIDE REPORT

EPIDEMIOLOGY

No. 281

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25-POINT ACTION PLAN ADOPTED AT CARIBBEAN HEALTH MEETING

Kingston THE DAILY GLEANER in English 7 Apr 82 p 7

[Text] Ministers of Health in the Commonwealth Caribbean countries meeting in St. Kitts/Nevis on January 25 and 26 to exchange views on the policy issues underlying "Primary Health Care Approach" adopted a 25-point plan of action included in a document of the June 1981 workshop in Saint Lucia.

A release from the CARICOM Secretariat said the principal document that the consultation had before it was the Strategy and Plan of Action that had been produced by Caribbean health officials at a workshop in St. Lucia in June last year.

They adopted the 25-point plan of action included in the strategy, and considered it worthy of careful study not only in the health sector, but also by officials in the other sectors, that contribute to the health of the people.

The meeting decided that its goal could only be met if there was simultaneous action in every country, in three main areas. These included the integration of health and development planning and the establishment of effective mechanisms of co-operation with the other sectors that contribute to health such as Central Planning, Agriculture, Education, Housing, Public Works, Labour, Community Development and Communications.

In addition, there had to be the involvement of the mass of the people in every health activity, including promotion, planning, implementation, evaluation and intensification of Health Education. Finally, there was the re-orientation and re-structuring of health services incorporating more dynamic management and a progressive shift of resources in the direction of primary health care.

PEOPLE'S ROLE

The need to establish an effective mechanism for achieving inter-sectoral co-ordination at various levels, such as the establishment of National Health Councils at the central level, and the organisation of effective community committees at local level, was also recognised. Where community participation was concerned, the Ministers saw the need to intensify effective health education efforts so that people could play a more responsible role in maintaining and conserving their own health.

The consultation adopted the basic philosophy that all community workers must primarily be educators, and that all technical activities must have an educational component. Every health facility should serve as a classroom and a regional mechanism was necessary to develop appropriate educational materials.

If each country were to achieve primary health care, the re-distribution of financial resources was vital, and this would require firm political will. The Ministers stressed the need for a comprehensive review of the system of financing of the health services in the Caribbean community to increase these resources.

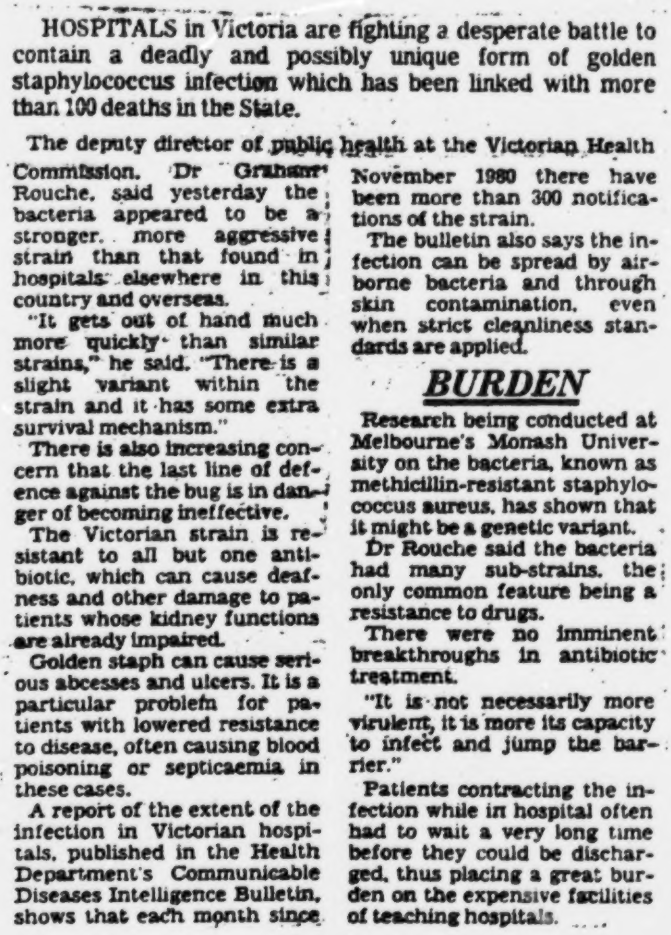
CSO: 5400/7549

BATTLE AGAINST DEADLY GOLDEN STAPH VIRUS CONTINUES

Canberra THE AUSTRALIAN in English 31 Mar 82 p 3

[Article by Sue Cook]

[Text]



HOSPITALS in Victoria are fighting a desperate battle to contain a deadly and possibly unique form of golden staphylococcus infection which has been linked with more than 100 deaths in the State.

The deputy director of public health at the Victorian Health Commission, Dr Graham Rouche, said yesterday the bacteria appeared to be a stronger, more aggressive strain than that found in hospitals elsewhere in this country and overseas.

"It gets out of hand much more quickly than similar strains," he said. "There is a slight variant within the strain and it has some extra survival mechanism."

There is also increasing concern that the last line of defence against the bug is in danger of becoming ineffective.

The Victorian strain is resistant to all but one antibiotic, which can cause deafness and other damage to patients whose kidney functions are already impaired.

Golden staph can cause serious abcesses and ulcers. It is a particular problem for patients with lowered resistance to disease, often causing blood poisoning or septicaemia in these cases.

A report of the extent of the infection in Victorian hospitals, published in the Health Department's Communicable Diseases Intelligence Bulletin, shows that each month since November 1980 there have been more than 300 notifications of the strain.

The bulletin also says the infection can be spread by airborne bacteria and through skin contamination, even when strict cleanliness standards are applied.

BURDEN

Research being conducted at Melbourne's Monash University on the bacteria, known as methicillin-resistant staphylococcus aureus, has shown that it might be a genetic variant.

Dr Rouche said the bacteria had many sub-strains, the only common feature being a resistance to drugs.

There were no imminent breakthroughs in antibiotic treatment.

"It is not necessarily more virulent, it is more its capacity to infect and jump the barrier."

Patients contracting the infection while in hospital often had to wait a very long time before they could be discharged, thus placing a great burden on the expensive facilities of teaching hospitals.

CSO: 5400/7550

BRIEFS

ROSS RIVER, DENGUE FEVER--Brisbane--Queensland was in the grip of Ross River fever and Dengue-fever epidemics, the State's Health Minister, Mr Austin, warned yesterday. Cases of Ross River fever were occurring in south-east Queensland and Dengue fever was a problem as far south as Gladstone, he said. There was a possibility that both viral diseases, transmitted by mosquitoes, could spread across the NSW border. The diseases were not dangerous and there was no known cure for the Ross River fever, but sufferers could be afflicted for up to a year. Ross River fever is characterised by fever, malaise, headache, sore and swollen joints and sometimes a rash. Dengue fever has similar symptoms. There had been about 160 cases of Ross River fever identified so far this year, compared with 400 last year, Mr Austin said. Most cases this year had been reported in south Queensland, including Goondiwindi, Roma, Toowoomba and Brisbane. There had been 47 cases of Dengue fever so far this year, mainly on Thursday Island. Mr Austin appealed to the public to empty all fresh-water containers. Mosquito eradication programmes throughout the State were not working, he said. The response from some local authorities to combat the two fevers had been disappointing. "Unless a more concerted effort is made, a more widespread outbreak could occur," he said. [Text] [Perth THE WEST AUSTRALIAN in English 7 Apr 82 p 34]

CSO: 5400/7551

EPIDEMICS, HEALTH PROBLEMS BLAMED ON BACTERIOLOGICAL WARFARE

Countermeasures Noted

Havana TRABAJADORES in Spanish 29 Mar 82 p 2

[Article by Silvia Martinez]

[Text] Biological warfare is one of imperialism's underhanded and criminal ways of causing death and destruction. Lately, Cuba has had agonizing ex eriences: sugar cane rust, tobacco blue mold, and hog cholera, mysteriously introduced into our country for the purpose of ruining our economy.

Aside from hemorrhagic conjunctivitis, the most painful aggression was hemorrhagic dengue epidemic that cost a hundred lives.

The people still recall the days when health workers and mass organizations and the State undertook to get rid of the virus and its vector, the Aedes aegypti mosquito.

All types of medical attention possible were put in action, guard units and hospital rooms were staffed to full capacity, mainly by pediatricians, and our commander in chief came up with the idea of creating intensive care units in all childrens' hospitals.

Imperialism attacked our people with its wrath and impotence and struck at the most sensitive point, mankind; children the concern and dream of our socialist society. But our revolutionary conscience was more powerful and with immense effort, in a few months we made the epidemic vanish, an unprecedented event in the world.

Moreover, since 10 October, when the virus was detected and an intensive phase of the campaign was begun, to the present time, the rate of mosquito infection has been reduced to .013 percent.

Nearly 45 million pesos were spent to eradicate the disease and the vector mosquito, and more than 13,000 men and women learned the technique quickly for vector control, not counting increases in hospital personnel, workers who, aware of the situation, doubled their work hours in order to attend to or admit any patient with suspicious symptoms.

The fight against transmissible diseases should not be a task for a single day, but a permanent one for all the people in the defense of their health. One of the preventive measures for controlling any type of epidemic is hygiene and environmental cleanliness, because, although every measure has its own characteristics, with this one there is a greater guarantee against the breeding of certain types of carriers.

For example, a work center where foods are cooked and products are not well stowed in the warehouse or where leftovers are thrown out indiscriminately is a sure source of nutrition for rodent carriers of leptospirosis and other no less harmful diseases.

During April and May the seasonal rains arrive and with them come the logical danger of mosquito breeding, of which Aedes aegypti is the greatest. Do not lose sight of the fact that one infected specimen of this small, but dangerous, enemy is sufficient to start an epidemic with grave consequences.

The risk is avoided only by strict compliance with all the measures recommended by Public Health designed to eliminate potential breeding places which can even be an insignificant eggshell.

This matter should go hand in hand with greater precision and quality in technical work done by vector controllers and supervisors, as well as that of all health service directors in different situations and, in addition, active participation of unions with work center administrators for complying with Law Decree 27, which is fundamental.

All preventive measures taken to avoid transmissible diseases turn out to be insufficient and efforts made are few. It is indispensable to keep trying because man's health is what is basic to all else.

U.S. Blamed

Havana TRABAJADORES in Spanish 29 Mar 82 p 2

[Article by Igor Blishchenko]

[Text] The problem of using chemical weapons in Southeast Asia and in Afghanistan has been the object lately of wide speculation in the Western press. U.S. officials blame this serious war crime on the Soviet Union. They blame the USSR superficially without citing a single act or concrete proof. Even a group of experts from the UN, formed at the insistence of the United States, who investigated "intelligence reports" on the use of chemical warfare, recognized that those experts had been unable to discover traces or signs that would confirm them.

No other conclusion could be reached, if "proofs" presented by the United States were taken as a basis.

Now, let's see whether or not the United States has the right to cast doubt on the Soviet Union's fulfilling its international obligations which prohibit the use of chemical warfare.

Let's remember that the USSR in 1928 was one of the first states to ratify the Geneva Convention of 1925 which forbade use of bacteriological and chemical warfare. The United States complied with it only after 50 years in 1975. Before that, as is known, it used widely harmful substances in Vietnam. Traces of chemical warfare have remained not only in Vietnam. The traces lead to the U.S., New Zealand, Australia and South Korea whose soldiers fought in Southeast Asia and suffer the consequences of chemical warfare that made them invalids.

In the 1950s the Soviet representative to the UN Security Council proposed to call on the states which had not ratified the Convention to do so. The United States abstained this time, too. In 1963, during the 24th session of the UN General Assembly, the USSR and other socialist countries presented a proposal convention that would prohibit the invention, production, and use of chemical and bacteriological (biological) weapons. At that time several capitalist countries refused to look into the problems relating to chemical weapons, arguing that it was difficult to keep track of them. Despite it all, the Soviet Union insistently kept searching for a way to achieve total prohibition of the "silent weapon." In 1971, at the initiative of the USSR at the Committee on Disarmament, a proposed resolution was presented that stipulated the prohibition of invention, production, and accumulation of bacteriological (biological) and toxic weapons which should be done away with. On 10 April 1972 in Moscow, Washington and London the special convention was signed.

In 1975, the USSR, the United States and Great Britain in the Committee on Disarmament stated they no longer had any reserves in bacteriological weapons. Nevertheless, in March 1980 at the international conference where the effect of the Geneva Convention was analyzed, an attempt was made to blame the USSR of violating certain clauses in it. The USSR officially confirmed that it does not have any bacteriological (biological) agents of any kind, that it possesses no toxins, weapons, equipment or transportation means mentioned in Article I of the Convention. Since then in spite of these facts and the logical conclusions, without taking into consideration the opinion of respected persons or specialists--North Americans, among others--certain U.S. politicians frightened the world with a new, provocative campaign.

Meanwhile--what follows is not widely known in the United States--since 1980 the United States had interrupted the Soviet-North American talks on prohibiting chemical warfare, despite the fact that they had reached important agreements.

Meanwhile, talks started in 1976 were progressing, the United States revived the program for increasing the manufacture of its chemical weapons. During the Carter administration a 4-year program for preparing for this kind of warfare was put into effect, for which 2.47 billion dollars was set aside. Now the amount appropriated for that purpose has already reached 4 billion. Factories are being built that produce binary projectiles. Despite the declaration made in 1975, the United States has airborne containers with bubonic plague, Siberian ulcer and encephalitis agents. The supplies of paralyzing gas number thousands of tons.

And these weapons are not deadweight. Noxious chemical substances produced in the United States--grenades and poisons--are employed by Afghan counterrevolutionaries against civilian populations, even against school children.

With this background, it is fair to say that the United States, through Secretary of State A. Haig, has no right to accuse the USSR of using chemical weapons. The USSR has never done so, our affirmation is supported by the First Committee of the UN General Assembly of which decidedly rejected such provocation. Taking into consideration the desire of the North American administration to turn attention away from its preparation for chemical warfare outside its own borders, it is necessary to adopt serious and responsible measures to achieve a consistent and universal prohibition of the use of chemical warfare.

9908
CSO: 5400/2149

MINISTRY OF PUBLIC HEALTH ANTIMALARIA CAMPAIGN SET

Havana GRANMA in Spanish 17 Apr 82 p 3

[Article by Jose A. de la Osa]

[Text] As part of a series of steps being taken by the Ministry of Public Health [MINSAP] to intensify epidemiological vigilance of diseases which do not exist in Cuba, a controlled antimalaria treatment campaign will be waged, beginning next Monday and continuing through the 25th, sponsored by the Committees for the Defense of the Revolution [CDR] and MINSAP, directed at the internationalists who have returned to Cuba between 1 January 1981 to the present.

The purpose of the campaign is to reduce the potential reservoir of disease created by people coming from countries where there is malaria and who have not undergone the complete antimalaria treatment.

The disease, referred to as either paludism or malaria, is caused by a parasite carried by the anopheles mosquito which has no domestic habits, and which therefore, is almost impossible to eradicate.

The preference of the anopheles mosquito for particular types of depositories for breeding varies a great deal according to the species and foci of this vector can be found in natural or artificial receptacles, which contain clean water or water with varying degrees of organic material, in shade or sun, with vegetation or without it.

The national vigilance system for Cuban international travelers requires that all travelers from areas endemic with malaria, upon arriving in Cuba, must receive an epidemiological medical examination, laboratory tests and the administration of treatment for the disease.

According to information given to GRANMA by Doctor Enrique Galban Garcia, an epidemologist for MINSAP in charge of international health control, a study carried out in recent years indicated that a significant percentage of travelers have not attended the initial examination at the Institute of Tropical Medicine and of those who do attend, a certain number do not complete the radical treatment prescribed for them.

As a solution to this problem, at the direction of our revolutionary government, examination and treatment centers are being established in the main countries served by our internationalists which will have as their principal function the examination of all travelers at the end of their mission in the same country where they work and the administration of a controlled, radical antimalaria treatment.

"These measures," stated Dr Galban, "will allow better control of travelers exposed to malaria and a reduction of the risk of reintroducing the disease into our environment."

Malaria is the most common communicable disease known to mankind and 200 million people in the world are currently suffering from it, mainly in the so-called Third World.

Because of its climatic conditions, our country offers fertile grounds for the propagation of this disease by allowing year-round reproduction of the anofeles mosquito vector.

At the time of the triumph of the Revolution, malaria was one of the leading causes of death in our country (in frequency) by communicable disease. It was eradicated in 1967, the year in which the last local case was reported.

The World Health Organization, after a period of strict observation of this disease, awarded Cuba the certificate of "Territory Free of Malaria" in 1973, and today it is displayed as one of the most important achievements attained by our people in the area of health.

Malaria is a curable disease, the symptoms of which are a fever, perspiration and chills, followed by periods which may last for months in which there are no symptoms present.

The treatment to be used in the campaign now being initiated will be a daily dose of two 15 milligram Primaquine tablets given for 5 days.

Seen as vitally important in the success of this campaign, is the participation of CDR, an organization of the masses which because of its national scope, its knowledge of the people and its experience in other health-related activities, especially the polio vaccination campaigns, is the most appropriate vehicle for obtaining basic information for this campaign, that is the census of internationalists, a task already accomplished with great success.

For these same reasons, CDR will be in charge of supervising the attendance of all those registered for treatment by the census.

In the polyclinics, a special consultation room will be provided for the administration of treatment to the travelers who have been registered by the census, and it will be open from 8 am to 9 pm.

9787
CSO: 5400/2142

BRIEFS

POLIO CAMPAIGN RESULTS SATISFACTORY--Havana--Final figures for the second stage of the 21st antipolio campaign indicate that with 690,363 children targeted for vaccination, a total of 771,699 were vaccinated, thus exceeding the goal by 11.8 percent. Specialists from the National Office of Epidemiology of the Ministry of Public Health reported to GRANMA, "The results are satisfactory in all of the provinces." They emphasized the outstanding work performed by the Committees for the Defense of the Revolution [CDR] in this labor of love. The results by province follow: Pinar del Rio, 110.4 percent; Havana, 113.0; City of Havana, 109.8; Matanzas, 111.4; Villa Clara, 110.2; Cienfuegos, 113.6; Sancti Spiritus, 112.9; Ciego de Avila, 115.4; Camaguey, 113.3; Las Tunas, 125.9; Holguin, 119.4; Granma, 113.1; Santiago de Cuba, 104.3; Guantanamo, 104.5; and the special district, Isla de la Juventud, 110.8. As we know, in this second stage those children 9 years of age received a booster. [Text] [Havana GRANMA in Spanish 22 Apr 82 p 3] 9787

CSO: 400/2142

POLIO INCIDENTS RESULT FROM LACK OF VACCINE

Santo Domingo EL NACIONAL in Spanish 28 Apr 82 p 2

[Excerpts] The director of the medical department of the Dominican Pro-Family Welfare (PROFAMILIA) stated that the lack of necessary program mechanisms for controlling poliomyelitis is why this illness continues to affect the infant population of the nation.

Dr Miguel Campillo Llibre admitted, however, that for some years authorities in the Secretariat of Public Health have been carrying out serious efforts through a group of technicians for controlling the disease.

He supported the proposal made by newsman Rafael Herrera, director of LISTIN DIARIO, that 2 days annually should be set aside for vaccinations.

Campillo added that the 2 days for nationwide vaccinations should not be for poliomyelitis alone, but that every effort should be made to give two vaccines: one against the disease itself and another to immunize children against diphtheria, tetanus and whooping cough (a triple vaccine).

In focusing on the problem of poliomyelitis, according to announcements, 57 cases have already been detected within the year, the doctor wondered: "What is happening, when a disease that is prevented by using such a simple vaccine, that administering two drops in a child's mouth, with a 4 to 6 weeks' interval, avoids this condition and vaccines only cost from 6 to 8 cents?"

"Poliomyelitis is still with us," he responded, "simply because the program mechanisms necessary for controlling epidemic outbreaks are not used."

He explained that the days proposed for a nationwide vaccination campaign by LISTIN DIARIO are not enough to control the disease totally because children born following those days, that is to say the recent susceptibles, will not be immunized.

9908
CSO: 5400/2145

MEDICAL UNION CHIEF LISTS DOMESTIC HEALTH PROBLEMS

Cairo AL-MUSAWWAR in Arabic No 2999, 2 Apr 82 pp 22-25, 79-81

/Article: "Hamdi al-Sayyid, Head of the Doctors' Union, in a Provocative Conversation with AL-MUSAWWAR"/

/Text/ Dr Hamdi al-Sayyid, the head of the Doctors' Union, rebukes the press; his rebuke has taken the form of the discussion and questions he raised on essential matters related to Egypt's press. It was in the framework of this atmosphere that he came to a colloquium at AL-MUSAWWAR. This has a unique status among all the colloquia that AL-MUSAWWAR has held up to now. The rebuke exists only among people who are brought together under a common jurisdiction and it translates a desire to resume discourse and seek points of agreement among immense areas of disagreement.

Nonetheless, the rebuke of the press which the head of the Doctors' Union formulated in the shape of the questions he presented to the journalists' table, after which we went about his business, occupied a small portion of a large colloquium which started, went on, then ended. Everyone tried to answer this question: What about the health of the ill, worn down Egyptian people who have long yearned for moments of restored vigor?

The conversation with Dr Hamdi al-Sayyid, chief of the Egyptian Doctors' Union, member of the People's Assembly for the Heliopolis District, member of the National Democratic Party parliamentary committee and the well known Egyptian cardiac physician, took 4 hours in length and breadth.

We members of the AL-MUSAWWAR family who were present at this conversation can testify that the man had presence of mind and was quick witted. We agree and admit that when he came into the expansive symposium room at the al-Hilal House he was not carrying a piece of paper with him. All figures, facts and percentages were stored up and arranged in his mind and he mastered them during the conversation with a rare simplicity. His conversation did not revolve in the orbit of the health of the Egyptian people in its limited, simple-minded sense — he spoke about Egypt and its social, political and party health.

Dr Hamdi al-Sayyid spoke warmly, impusively and sincerely about the issue of sanitation in Egypt, and the fact that it is principally a matter of civilized behavior. We spoke about the Nile River, the giver of life to Egypt, whose wretchedness has now reached the state where it is no longer able to cleanse itself of all the forms of daily pollution that flow into it from its source to its mouth. He also spoke about the endemic diseases in Egypt, medical treatment, the government's obligations on that, health insurance, the time he thought it would take for coverage to extend to all Egyptians, and what was required for that purpose. He spoke about our children in the schools, concerns of malnutrition, the cities in Egypt and pollution caused by sewers.

Since his conversation was a tour throughout all of Egypt, he spoke about Jamal 'Abd-al-Nasir, the man who created one of the most glorious of Egypt's periods, and Anwar al-Sadat, through whose efforts and accomplishments Egypt gained much of the status it has in the world today, and he wondered in whose interests it was that 'Abd-al-Nasir entered history in such a way that his era was considered one of torture and terror, and Anwar al-Sadat in such a way that the period of his rule was considered to have offered nothing but a true corruption of everything that was holy.

He said that he had decided to honor Jihan al-Sadat and that someone got in touch with him to chastize him /for that/.

He said that he was sad because we had not retained a single value we could cherish. We have heaped dirt on the era of 'Abd-al-Nasir, we are now heaping dirt on the era of al-Sadat, and we have become like cats that eat their offspring. He wondered, angrily, who we could take pride in now — Ramses the First?

He said that he was not against free medical treatment but that that treatment should be for the indigent and that it should just involve preventive medicine. Concerning the treatment that is offered people in government hospitals, he said that that was now deteriorating, that most of our hospitals were built before 1935 and that nothing could be worse than the present situation.

He spoke about the hot topic — doctors' excessively high fees and the crisis in doctors' taxes. He stressed that it was an ancient tradition that some doctors tried to evade taxes, that some paid what they owed, and that doctors were not angels, but that the Tax Department's mission was to prosecute people who paid and neglect people who did not pay and whom it did not know.

When we came to medical education, he said that we were the only country where a new medical faculty was opened every year and medicine was taught in a language alien to it.

He wondered, "Why doesn't the al-Azhar Medical Faculty play a part in Arabizing medical education?"

The issue of family planning also occupied some of the space in the colloquium. He said "Suffice it for us to say that in Bab al-Sha'riyah and Rawd al-Faraj there are 105,000 people per square kilometer, which is the highest rate of population density in the world now. There are many people in Egypt but their fields of specialization are limited. We are not benefiting from the female work force." He asserted that the issue of development came before family planning and that what is happening now is that there are 1.8 beds per 1,000 citizens, which is a very low rate.

AL-MUSAWWAR: The truth is that when we thought of venturing beyond the ordinary political context in our discussions, we immediately decided that Hamdi al-Sayyid, the head of the Doctors' Union, should come, for a number of reasons: first, because of the man's status in Egyptian life, second, because of his role and the stands he has taken, which everyone agrees about, and third, because he heads the biggest union connected with the destiny of the Egyptian people and their health. Politics, ultimately, consists of suitable housing, good health and fulfilling work for every citizen. Dr Hamdi al-Sayyid has been so kind as to grace the al-Hilal House with his presence and we are grateful for his quick response in attending and thank him for the effort and time he will spend with us tonight. At the same time, I can tell him that our colleagues in attendance will ask questions as they like on all issues, and Dr Hamdi al-Sayyid has informed me that he will greet the questions without embarrassment. Here I can stress the same commitment as in all the previous colloquia — we will be faithful to every word he says and every opinion he expresses. In order to start our discussions directly, we would first like to hear a somewhat integrated opinion from Dr Hamdi al-Sayyid on the health condition of Egyptians and his view of the problem of health in Egypt in general before we open the door to other questions.

Dr Hamdi al-Sayyid: Let me start by thanking you for this honorable invitation. I would like to state that I did not hesitate to accept it, for a very important reason, which is that I have been following up on the conversations that have taken place in the al-Hilal House in recent weeks with the utmost zeal, respect and appreciation. I really feel that you have introduced something new and worthwhile into the Egyptian press which we have been missing for many long years. I have observed that the level of this discourse is very high, very committed and very objective, and this is what caused me to agree to appear at once without hesitation. Here I must apologize because I was asked to appear at a fairly early time; my only excuse is that I am a man who is accustomed to working continuously throughout the day and I have no noons or afternoons — I consider that every day, indeed every hour, is a working hour.

AL-MUSAWWAR: We thank you for your elegant courtesy and would like to hear the general scope of the health problem in Egypt from you.

Dr Hamdi al-Sayyid: While as I understand it I am being asked to give a picture of the health situation of Egyptians as it exists now, I cannot isolate the issue of health and concentrate on that without looking over the situation of the Egyptians as a whole, because health is a general integrated situation and is not just an absence of illness! Rather, health is a state of environmental, social, psychological and health equilibrium and it must be greatly influenced by the various components of life under whose circumstances the Egyptian people live. Of course we all know the circumstances that the Egyptians are living under; those are no secret to us. Average national income in Egypt is still very modest. The development that has taken place over the past years has truly not realized the desired goal — this development which we sometimes talk about, saying that we have increased by 7, 8 or 9 percent while we do not take account of the distribution of this output or revenue which is increasing annually but is not distributed in a just manner, so that even these conceptions are meaningless, because they have no content: into whose pockets have these percentages gone? Among whom have they been reflected? This statement is not made in a vacuum, of course.

The same is the case with the various circumstances of civilization and the environment, and the connection of health as an element in the composition of man to other things and other issues. We are talking here about the issue of education and training, since they are among the most important basic issues; again, the state of education in Egypt is clear. The government is racing to be able to keep up with the level of compulsory education that exists now, which is 70 percent. We can then talk about the illiteracy rate here, which is 60 percent among men and 80 percent among women, and state that we want to eradicate illiteracy among adults but have forgotten to eradicate illiteracy among young people, who are considered the main issue. The main issue is to close off "the sources of illiteracy," but this is a vicious circle; I believe that none of the talk about eradicating illiteracy among adults will be characterized by any sort of thoroughness if one does not talk about shutting off the "sources" first of all. Today we raise an important question, which is, how can we cover all the children of educational age and give them a complete education? This issue requires study, and of course I hope that in the course of AL-MUSAWWAR's colloquia an opportunity will be provided to discuss such matters. The same with the level of education: a large amount of the people who are educated here today lapse back into illiteracy. You can find people who estimate the lapse back into illiteracy at more than 40 percent and sometimes more than 60 percent; we do not know the truth completely.

How many of our children and how many of the 70 percent we are teaching lapse back into illiteracy because their fathers need them in the fields or in other jobs?

Naturally the issue of illiteracy in any country is firmly linked to the issue of health. The issue of the social level of the individual in Egypt is basically linked to the issue of health. Let me give an example of this: about 50 percent of our children of school age between the ages of 8 and 11 suffer from ailments of malnutrition, principally anemia. We can imagine children at this sort of age whose hemoglobin count does not exceed more than 50 or 60 percent. How can these children be healthy, productive workers or mature persons? How can we consider them a human investment or something contributing to production or anything else if the amount of oxygen reaching their tissues is less than 50 percent of the normal rate? That means that all their bodies, all their cells and all the development of their faculties is affected by this deficiency. Another thing which we might not be aware of is that in the old times we had the belief that children who were born received their full requirement from the mother in every respect while they were developing and growing in their mothers' wombs, and subsequently while they were suckling on the mother, and therefore the children received their full entitlements of proteins and growth components regardless of the state of the mothers' health. It has been proved that this is not true. Sick mothers can produce only children whose growth is deficient. The most serious aspect in development is brain development, the development of intelligence, because ultimately it is that which forms man and forms his capabilities. This growth starts at the third month and goes up to the ninth month; most brain cell growth takes place during this period, and when the mother is sick and exhausted, gives birth seven or eight times and lives at a nutritional level which is below the necessary level, of course she can produce only sick offspring. I wish that this issue would include the health dimension when one comes to talk about family planning or population issues.

AL-MUSAWWAR: Don't you believe that improper practices play a part in increasing the severity of the health issue in Egypt?

Dr Hamdi al-Sayyid: Yes. Let us take an obvious example, such as the spread of insecticides in this manner, on this broad scale. The insecticides cause pollution of the encironment, which we are increasing every day without planning or solutions, without respecting vegetation, thus making the problem more complex. Then after that there comes the issue of sanitation, which may be the "main disaster!" Let me give you gentlemen a few very small examples: the pollution of food, whether through drinking water, sewage, garbage or insects, is considered responsible for more than 50 or 60 percent of the deaths in Egypt — to the point where it could be said that if we take the whole health budget and spend it building sewers and providing clean water, it will be in our power to reduce the death rate in Egypt without a Ministry of Health, without a minister of health, and without doctors and the 12 medical faculties — that is, without all these great resources. This could happen in Egypt as a result of one thing — clean water and sound sewers. This issue is related to development and production. Perhaps you heard in the last and next to last sessions with President Mubarak that the sewers in Cairo alone require 2 billion pounds and that the water in Cairo needs 650 million pounds. We need to create a sewer system covering the whole republic. In Egypt, which has 47 cities, no more than 20 have sewers; the rest lack them. We know the true meaning of the phrase "without sewers" — it means that pollution increases every day, especially if there are filthy habits, alongside the piles of rubbish, the flies and the mosquitoes — all these things are piling up on the head of the Minstry of Health, because they are ultimately reflected in the health level of the Egyptian people. Therefore the statements that are made about the contributions medicine would make to the health level or the death /rate/ is not on the order of the contribution that would come from civilization, urbanization, sewers, clean water, the elimination of rubbish, the fight against insects and the general things that really have helped improve the health level much more than medicines, physicians, hospitals or the like.

AL-MUSAWWAR: What is the population density's role in all this?

Dr Hamdi al-Sayyid: The population issue undoubtedly plays a big role in this matter. When the average number of people living in a single room in some sections of Cairo like Bulaq, Rawd al-Faraj or Bab al-Sha'riyah goes up to nine, how can they breathe clean air? How can they fail to be afflicted with germs and not infect the persons around them? For this reason, we find that the infant mortality rate in Egypt is high, totalling 89 per thousand; that is, out of every thousand births in Egypt beween 80 and 90 children die. Naturally if we take into account the ratio is to be found in any developed country, we will find that that is as low as 10. That is to say, we have 10 times the mortality rate in the first year of childhood.

AL-MUSAWWAR: However, we know that the average life span in Egypt has increased the past 20 years.

Dr Hamdi al-Sayyid: The strange thing is that in spite of all that, there is no doubt that an improvement has occurred in the standard of living or the health level of the Egyptian citizen. There is no doubt in the past 20 years the life span has increased from about 42 to 57 years. The reason for the increase is the low infant mortality, and the reason for that is "greater" child care. Children can go to a mother and child care unit and to a doctor, they can receive care, and so forth. There is no doubt that a tangible improvement has occurred, but the environmental circumstances that people in charge of health in Egypt work under are extremely harsh and forbidding. In spite of that, we as a developing country, enjoy the best health system of any developing country. Health services are no more than 3 kilometers away from any citizen in Egypt; that is a distance that a person can cover on foot with no difficulty. The distribution of health services in our world today is to be measured by the citizen's ability to reach them. We are also the only country which does not resort to the system of supervising rural and small units through nurses, health aides or the like; we appoint doctors to these units. Thus, we are the developing country with the greatest ratio of doctors to the population, and the developing country with the greatest ratio of health installations, beds, hospitals and so forth to the population.

I say "developing country" because we are many stages behind the advanced countries. Nonetheless, the general tendency and the general sense is that the state of health in Egypt does not reflect this quantity or broad spread of health services, for two reasons. First, the environmental conditions in which people responsible for health in Egypt work are extremely harsh, with, as I said previously, the sewers, the water, the garbage, the housing, the air pollution, the insecticides, many health obstacles, the high birth rate, women giving birth to seven and 10 children and not eating well, and whole families living out of the palms of their hands, with very low amounts of protein. The amount of protein that the Egyptian citizen obtains is below the desired level. It is protein that forms tissues, the brain, the cells and so forth. The second reason, which is a subject we are not embarrassed to talk about, is that the performance in the health sector is not at the level it ought to be. The performance is below the rhetoric about what it should be. Naturally, we are all witnessing the work the doctors do in the rural units, which is not as good as it could be. They can do better.

I am not blaming the health sector alone, but I cannot isolate the performance of the health sector from others, nor can I isolate it from the standard of living. I cannot isolate it from the provision of school meals for children. I cannot isolate it from behavior, I cannot isolate it from the church, I cannot isolate it from education, civilization, the environment or many related things. Therefore I say that the minister of health in any developing country is the victim — the victim of circumstances — and all the curses of the society are laid on his head. When cholera is widespread, for instance, the minister of health is requested to combat it and he is made to confront the responsibility directly. In my opinion, he is miserable. He continues to inoculate people against cholera while the origins of cholera lie in the polluted environment. That is, the minister of health is supposed to review all the facilities that pour their sewage into the water. When we searched for the sources of Nile water pollution, we found no less than 70 or 80 sources of pollution, from Aswan to Rashid and Dumyat, including whole cities that poured their sewage into the Nile water, in addition to many factories that throw their refuse into the waters of the Nile.

I can find no better definition for this poor Nile, which has become wretched today, than the one Mr Ibrahim Shukri made when he spoke and said that in olden times the Nile would protect itself. Why? In the flood season, it gave its spirit a complete cleansing of everything with which it get polluted throughout the year, such as the floats, boats, and the human masses that urinate and defecate into it; the Nile would come during the flood season like a broom, cleansing itself of all that. However, since the curbing of the Nile following the construction of the High Dam, there no longer are any floods, the Nile has become miserable and wretched, and no one is looking after it.

In conclusion, the minister of health is bearing all these heavy burdens. He is told, "You have bilharzia, you have this, you have that," although we know full well that bilharzia could be eliminated if everyone refrained from urinating and defecating alongside water resources, to stop the bilharzia in Egypt. This would require a change in the irrigation system. However, can we tell the peasant "wear boots on your feet?" That's not possible. He digs a channel, fills it with water and floods his land. This water is full of snails. These snails are afflicted with bilharzia, the citizen goes down to take a bath, to wash or whatnot, his friend urinates or defecates alongside the water, and the bilharzia ova go down, hatch and complete their cycle, then come the (cercaria) which bore into the skin of the people they come up against, and the cycle starts again inside their bodies. Therefore bilharzia will be stopped if people stop urinating and defecating alongside the water and also do not go down in bare feet. Is this possible? This will require a general change in people's behavior, in the system of irrigation in Egypt, and in the drainage and sewer system, and these are very complicated problems. It has become necessary for the minister of health to go to a number of places from time to time to carry out snail eradication programs.

AL-MUSAWWAR: We are a people with an ancient civilization; why don't we see cleanliness taking deep roots in Egyptian behavior? We do not want people to be dealt with like sacred cows. If we fall prey to error, we must admit it and discuss it.

Dr Hamdi al-Sayyid: I will give you a very odd example. I visited Indonesia. Indonesia is a Moslem country, except for very small groups of certain other religions. I was told that the thing which is very conspicuous in Indonesia is the extreme cleanliness. It was so great that when I visited the ambassador, who had two workers, he told me, "Imagine, this lady and that man bathe three times a day!" Part of the nature of the Islamic religion is to promote cleanliness. In the Middle Ages there was a bathhouse in the Farsay Palace the likes of which did not exist. You would go to visit the Alhambra in Andalusia and would find bathhouses with hot and cold water in the ninth, 10th, 11th and 12th centuries, so cleanliness is a basic part of man's makeup in the Islamic environment. What happened in Egypt? I do not know. Where is the role of religion? I do not know where the role of the mosques is, though they are spread about in abundance. I do not know where the role of our religion, which implants and urges cleanliness, is. I do not know. Nonetheless, I consider that this society is not as fully concerned with cleanliness as those of developing countries that I have visited. Cleanliness does not mean pomposity, although you might wear the best clothes; it is behavior. You can wear tattered rags that are nonetheless clean. Water is abundantly available, and there are the resources for cleanliness, but who is responsible for this behavior? I believe that this is the national issue that merits discussion at the highest level, because the reasons for health abuse and a large part of the reasons for the health in Egypt is the issue of cleanliness.

AL-MUSAWWAR: Is there enough publicity about this? Is the role of the media in coping with this adequate? We have been calling for this for many years and have not yet obtained any results.

Dr Hamdi al-Sayyid: I agree with you about that, but I have a very important observation. When we traveled to Britain we were dazzled by the level of cleanliness there. Everything was clean. They say that the British people are essentially a clean people and when you go to any park you will find a small sign on which it is written "Throwing trash prohibited — fine 10 pounds" and the sign is 150 years old! Of course when the British began their civilization the problem of cleanliness was one of the concerns of the public, because the lack of discipline, the opposite of being disciplined, is something normal in people — the basic thing is that people set out and do what they want. Patterning your behavior and proceeding in a general framework is an artificial thing that must be imposed on you. To some extent, the role of punishment is no doubt relevant here; I say that when they started that system everyone who discarded something actually did get a fine. This penalty is carried out and applied to everyone. After a little while it becomes a habit, and after that fathers warn their children, "Be careful not to throw anything out or you will be fined." After that it becomes general social behavior and becomes part of the heritage, whose violation is a perverse act.

AL-MUSAWWAR: There are many negative features in society. Consequently, there must be a free press. However, you are angry with the press. What exactly is your position on the press and what rules do you consider appropriate?

Dr Hamdi al-Sayyid: I was expecting this question, because I put my head in the lion's mouth. Nonetheless, I have a view on this which is very clear, and I would like to be most truthful and sincere with you gentlemen. In the days of 'Abd-al-Nasir, with whom I was somewhat close — naturally I was close to the Nasirist experiment, since we were young, we were part of the Nasirist experiment from its start, I graduated in 1952, that is, at the beginning of the revolution, and lived through the experiment, with its length and breadth, with its negative features and its positive ones, and I also lived through the experiment of al-Sadat from beginning to end. I witnessed a very strange assassination, not the assassination of a person but the assassination of the values of this country. I wonder: we continued to adhere to 'Abd-al-Nasir for a year, until 15 May /1971/ came, and then we started to dissect 'Abd-al-Nasir's era, started to talk about the negative features, began with the sequestrations, then the torture, and ended up by turning the table over on 'Abd-al-Nasir himself, on grounds that he was a catastrophe for Egypt, and all that he left behind were the 1967 defeat, torture, mistreatment, and so on and so forth. We eliminated a period which I consider to be one of the most glorious and brightest periods in Egypt. I am prepared to discuss this issue all night long. I was there in 1952 when all Africa and the African countries were colonies, I was there with the revolution of freedom that started in Egypt, I was there when Egypt was the torch of freedom in the whole Arab, Islamic and African region, and I look at 'Abd-al-Nasir, in the historic sense, as an asset from this standpoint. Therefore the fact that he imposed 15 sequestrations and 13 cases of liquidation and arrested 10,000 persons, 20 of whom were tortured, I will say that these are things that history will not pause over for a moment and will not remember. When the history of 'Abd-al-Nasir's era is written, it will be a history of the age of giants — 'Abd-al-Nasir, Tito and Nehru, who started the cause of nonalignment and entered into struggles with colonialism, twisting its neck and creating the nonaligned bloc, which came to have a view of its own. I believe that this is 'Abd-al-Nasir's contribution, which I must polish and clean and keep in mind, and I should not mention 'Abd-al-Nasir's era just as one of evil or misfortune — that is the height of folly.

Today I would like to give you a statement on all the discussion that goes on in the press concerning the two eras. When I come to al-Sadat's era, and say that that era was also bright. I differed with him toward the end of his days — I differed over a number of things, I got into discussions with him, and he listened to me but was not won over. However, I appreciate him as a patriotic man who did much for this country. I say that if Anwar al-Sadat had done nothing for Egypt except 1973, he would have paid his debt to this country in full.

When I travel abroad I find that al-Sadat has a brilliant image in the world as a moderate, balanced leader of value. I say that much of the distinctive position we have acquired recently was through al-Sadat's effort. When you go to America or elsewhere today, you find that the balance has changed, having been totally oriented toward Israel, there has come to be a different understanding of the other viewpoint, and the person responsible for that is not our oil brothers, the person responsible for that image, which has improved in the media sense, internationally, in Europe and in America, is Anwar al-Sadat. When I say today that the Egyptian economy, in spite of all the convulsions that have befallen it, nonetheless has undoubtedly begun to acquire some confidence and has furnished an atmosphere which permits money to be moved out from the floor tiles and sent into investment, here I am not saying that the investment has been totally proper, and I am not saying that it should not be directed or that one should refrain from reorienting it; suffice it to say that the Egyptians abroad remitted 2.5 billion pounds last year, which, before that, used to stay in banks in Lebanon and elsewhere and did not come to Egypt. Now it has started to be remitted to Egypt, and has contributed to some development. You will tell me that that is consumerist investment, but I can say, suffice it to say that it has come into Egypt, whether in the form of commodities, investments, or anything else.

Al-Sadat managed to create an atmosphere that put people at ease and gave them confidence over their money, so that everyone brought the money he had out from under the floor tiles and started to invest it.

What has happened since Anwar al-Sadat's assassination? What has happened since his death is disgusting. I hope you gentlemen will permit me to say this and not get angry with me, but it is disgusting to the spirit — Anwar al-Sadat, about whom the whole world used to talk and applaud night and day and whose table they ate at — don't be angry with me — many of the people who benefitted from his existence, the tables turned on them in 2 or 3 months, everyone who made a fortune in Egypt became a thief, and the millionaires — by the way I am not one of them, am not related to any of them by any connection, I haven't earned anything, I do not belong to a class that owns anything, I have no interests, I am just talking as a citizen and an observer of what is happening on the stage — there are groups that say that someone has evaded taxes, it has become apparent that they set up a maxim "300 millionaires arrested in Egypt," everyone who has anything in Egypt has become a thief, and we have reached a situation that is very different from 1961. At that time, when we said "nationalization" and raised the slogan of socialism, redistribution of wealth and limitation of feudalism, that was to be accepted. To tell people "you own land, that is correct, but we will take this land in order to realize justice, you have inherited it from your family but others have not inherited anything, the agricultural land is limited, and it must be redistributed, "or" you have factories that we want to nationalize on behalf of the masses," [that was to be accepted].

Today, though, we are doing worse than that — we are saying that everyone in Egypt who has property is a thief and must prove the contrary. The rule has been turned upside down. Every official in Egypt is guilty until he can prove that he is innocent. Everyone who has wealth in Egypt is a thief until he proves the opposite. The scales have been turned upside down. Of course this is not the period of the trial which I say, in spite of what is said, was democratic and a great testimony to the validity of the Egyptian judiciary; rather, this is, in reality, a trial of Anwar al-Sadat, whose blood has not yet dried, and I say that Anwar al-Sadat — with whom I differed over many of the things he believed in — gave his life for Egypt. If he had lived 3 more months Egypt would have been ruled by terrorist groups.

However, his assassination came at a time when the terrorist organizations and formations had not yet matured. Let us not forget that 100 people almost took over the

Governorate of Asyut. If there had been 100 people in each governorate, they would have taken over the 27 governorates of Egypt.

I believe that al-Sadat was assassinated — which was God's decree — to protect Egypt from terrible fate that would have come sooner or later. You may tell me that the regime encouraged them, but I am speaking about a thing that actually happened. Al-Sadat's blood has not dried and we have committed a great act of injustice against him. This has been stated on cassettes that were smuggled abroad. Anwar al-Sadat, whose image before the world we benefitted from, as a shining image of a man who wanted civilization for his country and security for his region, who managed to put Israel in a defensive position for the first time, the man who created a beautiful image for himself everywhere, who is distorting that now? The Israelis? Our oil brethren? Of course not. It is we who are distorting the image. I will not stand in the way of anyone who wants to criticize any condition, but can I condemn a whole age? Can I condemn a regime? Even the /Society of/ Faith and Hope which the poor lady /Jihan al-Sadat/ raised up and through which she did something for Egypt, and which I believe to be a noble project — it is said that the country was mobilized for her. Mobilized for whom? All of you should go visit Faith and Hope. I visited the project and am proud that it is at the level it is at. I am proud that we have something civilized at this level that was established especially for people disabled in war. Let me familiarize you with the recommendations I send by the dozens every day for disabled and crippled children to get treated there. When we decided to honor her on the most recent Doctor's Day, someone got in touch with me and told me "How dare you honor her? What is the value of Faith and Hope, which treats no more than 35 patients?" I told him, "I am going to honor Jihan al-Sadat, do you have anything against that?" I told him, "This lady was active in public work, and I am not talking about anything else, I am talking as a citizen, I am a doctor, and I have witnessed her efforts from the days of 1967 then 1973 and after in the field of public work. I can say that this gracious lady has offered the country very much in the field of medical, humanitarian and benevolent work." It is said for me that all of this rejection and denunciation should appear, 3 or 4 months after her husband's assassination. I believe that no one any longer dares to defend her or Anwar al-Sadat today. In whose interests is this?

Are we a country that has been turned into a bunch of ingrates? A group of cats that want to eat their offspring? Is it very demeaning to Egypt to be proud of Anwar al-Sadat? Is it very demeaning to Egypt to be proud of Jamal 'Abd-al-Nasir?

In whose interests is this? One person told me, "You are defending deviation!" Who said that? Who said that I am defending deviation or sloth? The fact that there is deviation does not mean that one should condemn the regime. The fact that there is a group of thieves in Germany by the name of Meinhof does not make it legitimate to accuse every German of terrorism. Does the fact that there are Red Brigades in Italy mean that Italy is all Red Brigades? The fact that 10 senators in America took bribes from oil countries does not mean that the whole United States Senate consists of deviants. No one would say that. You cannot condemn a regime or condemn an era because of a deviation here or there. We in Egypt know what the word "deviation" means.

I have a stern rebuke to deliver to the press. No sooner does the press find a citizen who is condemned than it deals with him destructively, and let him prove that he is innocent! Even the poor man sick with angina in al-Ma'adi Hospital ('Abd-al-Razzaq

'Abd-al-Majid), and I believe that that man, and here I say this as testimony to God, was a man of integrity, who made efforts, erred and misjudged — all right, every man must try, of necessity he will not succeed in everything, but I believe that he is a man who has been extremely devoted to this country, and he is a man of integrity - today it is said that he is a deviant and conspired with Rashad 'Uthman, and he has not been permitted to defend himself. The strange thing is that the public prosecutor defended him and issued a statement to that effect. After that the papers descended on us, finding fault with the public prosecutor and saying "This man returned money to Rashad 'Uthman, why was it returned so quickly?" That is, this is an attempt to stir up dirt against a man against whom the office of the public prosecutor said there was no basis for filing a case against, and the office of the prosecutor is the indicting authority - that is, he was found innocent not by the judiciary but by the indicting body. Nonetheless this regime still has to be tainted and every official still is tainted.

The result of all this is that this has all become an obstacle today to any official making a decision. Will a given minister or a given official anywhere be able to put his name to a piece of paper without lengthy conversation, consultation, confirmation, review and wasted time today?

I made an attempt, with an official, to get him to sign a decree that was in the public interest and told him that this decree would save the country 5 years. He told me "That's not my job." I told him, "It will save 5 million pounds." He told me, "Not even for 10 million." He told me "Be patient until we can confirm and ask. Otherwise, in 5 years, when they brand me a criminal, who will defend me?" That's true — who will defend him? I wonder whether an accused person is innocent in this country until his guilt is proved, or is the accused person a suspect, a thief, a murderer and a deviant until it is proved that he is innocent? I would like to know where the standard by which you measure things or by which we as a people measure things is. Now, can you believe that there is a person who was maligned on the pages of the papers for a whole month, then his innocence was determined in the end, and you want other people to believe that he really is innocent?

It will be said that that is patronage, "zucchini," and other such talk that we repeat in situations like this.

Isn't there a code of honor that says that this accused person and his reputation must be protected? Who will be responsible for the death of this sick man in the hospital (he meant "Abd-al-Razzaq 'Abd-al-Majid) if this man who has had a heart attack, whom I was summoned a week ago to see in the hospital, because he felt blatantly oppressed because no one was standing by his side, dies? Is this our mission? To tear every official apart as we wish?

Someone whom al-Sadat treated well - I do not want to mention the names of the people al-Sadat treated well and whose hand they bit - but someone whom al-Sadat treated well speaks well of him, while it has become necessary that someone whom al-Sadat did not treat well settle his accounts with him. Someone goes to prison, I say that honorable people and people who protested against al-Sadat's approach while he was alive, came to this room, and spoke here, I have not heard any of them today rejoicing, cursing or claiming to be a hero.

Rather, today I see everyone holding his pen after he has unsheathed it like a sword, and playing the part of the hero. Fine, where were you, boss? Where were you?

He will reply by saying "I didn't get a chance!" No, someone besides you was given the chance, spoke, talked and went to prison. Where were you? Most of the writers and politicians who do not denigrate 'Abd-al-Nasir's era are ones who went to prison in his time, and there are many of them. Nonetheless, they have a commitment to the language. None of them measured 'Abd-al-Nasir by the amount he gained or lost - they measured him, rather, by the amount he achieved, the sacrifices he made and his negative aspects.

Today, when you tell me that young people have become frustrated, I tell you that that is because you have not left them any values they can take pride in. Tell me, Egypt — what is Egypt if I do not have any values of which I can be proud? Shall I be proud of the pharaohs? Shall I be proud of Ramses the First? What shall I be proud of? You have not left me with any values I can go back to. I say that Egypt is thus and so, this is its struggle and these are its sacrifices, but everyone has become tainted.

Today, we are living in a serene, free state, a healthy climate, with freedom of the press, but nonetheless we sacrifice someone and destroy someone else every day. The people are delirious, we believe that a solution to our problems lies here, and we sit down to observe it all, but where is the production, the industry, the cotton, half of which is not exported, and the agriculture which is deteriorating as its prices rise? Can this be set right by administrative decrees, by pricing, by temporary decrees, by organization and rationalization? No. One has to work.

In Britain, for example, Mrs Thatcher said that the British economy is flabby, in the sense that many economic installations are operating without any profits to speak of and have problems with labor and wages. She said that any installation that did not realize an income would be shut down, and, in the first 2 or 3 years, 1,300 factories were shut down. People rose up against her and they expected her to lose the elections, but she said "I have 5 years in which to govern Britain; these bad economic measures will take the first 3 years of the term, but the people will see returns from this policy in the fourth or fifth year, to the point where I will be able to win a majority in the next elections." Here I would like to know the strenth of the present government. I would not like to state here that it is not supported by a strong party; I say that party and political activity in Egypt has not yet matured. The government needs to make this sort of decision, or the policies need to have a strong party to adopt them, promote them among the people and defend them. Will the government be able to impose escalating taxes on luxury items? Will it be able to resort to the method of cards and card distribution, with everyone just getting something close to what it is suggested he have? Will the government be able to rid itself of many of the notions it has not yet been able to? When I say "treatment free of charge," where will that come from? I cannot pay for it. I spend some money on health, but that is not sufficient for free treatment, indeed is not sufficient for preventive activity. Nonetheless, I raise the slogan of treatment free of charge — I tell people, "Impose duties so that you can acquire revenues which you can spend on service and improved service." They say, "How?"

That is a violation of socialism!

Is that a violation of socialism? Who said it was? Does socialism mean that we should oppress the work force, distribute people, appoint 50,000 workers, make the public sector bear the accumulating burdens of unemployed people and let factories operate at a loss?

One must take a realistic view of our future problems. Is it in anyone's power to make this kind of decision, which entails a large degree of suffering for the people?

AL-MUSAWWAR: As far as the subject of the press goes, we are in agreement with your view on this matter, all in all, and I think that AL-MUSAWWAR's position, which is that it is calling for what it is calling for, is completely clear on this. However, we have got the feeling from your statement that you are opposed to free treatment. What in your opinion should the approach be with regard to indigent people? What is your opinion on the subject of free treatment?

Dr Hamdi al-Sayyid: I am not opposed to free treatment. I say that the government has raised the slogan that all of our health installations should be free of charge. That is a good statement from the theoretical standpoint but I make a different claim, which is that no government in the world can provide totally free services, neither in the East nor in the West, neither Russia nor America, and these are countries that have very massive reserves and dispose of a great deal of money. America spends between 12 and 15 percent of its national income on health, in contrast to Egypt, which spends about 2.5 percent of its budget. This is a difference, of course, betweeen the health level we are suffering from and the health level they are suffering from; I can say that the government has a permanent commitment which it cannot abandon, and this takes top priority. The first commitment is to preventive /medicine/, the responsibility for preventive medicine in its totality, be that inoculation, health in schools, mother and child care, immunization, environmental care, health surveillance, food surveillance, or health guidance — this is the responsibility of the government in its totality in every country of the world, and it is free, because the preventive aspect is the aspect which realized the greatest returns in the context of health for the citizen, while the returns that treatment realizes on health are very small when compared to preventive medicine. After that there come the services, what are called first aid and emergency services; for example, when someone demands first aid at night or in the day or is hurt on the street, I cannot look in his pockets first of all to see whether he has money or not so that I can treat him if he does and leave him if he does not - leave him to bleed to death on the street. In the East and the West, treatment is provided first, he is given aid second, and after that his situation is looked into, as to whether he should subsequently be treated for a fee or be treated without a fee, according to his abilities. The third system, which is basic medical care, is the service the rural units provide, for example treatment of endemic diseases, examination of students in schools and mother and child care. The government guarantees all these services free of charge, and this is known as basic preliminary care. There remains one enormous sector, which is the treatment sector. Treatment means that I am sick to the stomach, have tonsillitis, or have gastritis and want to get treated. The government is just committed to treating the indigent, who cannot pay; other people must contribute to treatment services, in accordance with their incomes. The optimum system for this is what is called the health insurance system. What is health insurance, or what they call social health insurance? I for example have a salary of 220 pounds and have an employee whose salary is 35 pounds. One percent, or to 2 and a half pounds, is deducted from my salary. One percent, which is equal to 30 piasters, is also deducted from the employee's salary. The government pays three times that amount, or the employer does, and the two of us enjoy the same service. Here I am contributing against my income and he against his, and ultimately the two of us are equal in terms of health service. That is a form of mutual treatment and solidarity. That is the optimum system which is applied in all the socialistic countries in the world, such as

Britain, where an amount is deducted from each person's income for social insurance against illness, old age, disability and unemployment. Therefore we find that health enters into a single vehicle for social insurance; there the person is insured, in the sense that if he suffers a disability or is retired, he gets a pension, if he is sick he is treated, if he is injured in an accident he gets compensation, and so forth. This is called a unified insurance system. When the revolution took place and the socialist decrees were issued, the notion began to appear that health insurance should be applied, decrees were issued to that effect, and health insurance actually was applied, in Alexandria. This insurance remained confined for a period of 10 years.

Today the insurance system has expanded to the point where it embraces a total of 2.5 million citizens, no more. There was a plan, which we studied on assignment from al-Sadat, a plan to expand health insurance among the people in general; we found that in order to get insurance to the citizen by the health insurance system by 1990, we would need to have annually increasing investments starting with 500 million pounds the first year and going up to 800 million pounds the last year; that is, at the end of 1990, in order for the government to spend the sum on social insurance that would be added to what would be collected from the citizens, that is, their share of the quota, it would take 800 million pounds. Of course that is an optimum health service system. When one lacks a reasonable system at a good level, the following happens: when one says free service in free Ministry of Health hospitals, each bed, the best bed in a university hospital, is allocated a sum, which does not exceed 500 pounds a year, to be spent on medicines, food and medical accessories such as X-rays, laboratories, analyses and so forth. Some Ministry Of Health hospitals pay 300 or 320 pounds per bed. I would like you to imagine that the government spends a pound a day on beds as money for food, medicine and treatment, and one should also observe that prices are constantly increasing. The result is that the following happens:

1. Starting the final third of the year, there is no budget for food or medicine; as a consequence some beds go empty!

2. As a result of difficulties in service, such as shortages, patients consequently remain in bed longer than they should, and the turnover of beds, [and] availability of adequate medicines or X-rays lag because the services for patients are not adequate. In addition to that, operating rooms are not clean, wounds get infected and patients continue to take more medicines. There are not enough antibiotics and the balance of medicines is deficient. People are forced to inform patients to buy medicine at their own expense, operations become free in name only, like schools, where the student takes special classes that costs him more than the free ones do, the patient is forced to go to the doctor in his clinic to get moved to hospital for a specific fee so that he can get attention, and we are starting to get into a state of chaos and deviant behavior that has no beginning or end. That is the natural situation, because of scarce supply and increased demand, which lead to the emergence of a black market and consequently the creation of scope for deviation.

AL-MUSAWWAR: In the context of doctor's fees, and treatment fees in general, treatment with medicines at inflated prices may be the problem. The problem is the head of the Pharmacists' Union. There are inflated pharmacists' prices, in particular for medicines that have to be prepared inside pharmacies; these are high and absolutely illogical in terms of the materials that make up their ingredients. Is there a chance to try to remedy medicine prices in general in this context? The second part of the question is the phenomenon of hospitals as investments, which have started to become abnormally widespread as purely investment projects in which the sector of major doctors or people with rare specializations that you have referred to ordinarily take part.

Dr Hamdi: Allow me to drop the subject of medicine, because it has many dimensions; let us talk about private hospital projects and investment hospitals. We in the union have suffered distress over the chaos in clinics. We have diverse standards for clinics and diverse standards for hospitals. There are dispensaries, there are clinics owned by universities or individuals, there are orderlies running dispensaries, there are unqualified doctors running clinics, there are doctors who write, over their clinics, "internal medicine, obstretics, surgery and antiseptics," and there are others who say they have received higher studies from whatnot university! We in the union have discovered that the law does not deal with this sort of case in any way. We have been told that this is the union's responsibility. Therefore we presented the draft of a law titled "The Law on Private Installations." The day before yesterday the Council of State gave agreement to the executive bill on this and the law is about to be put into force. We have insisted that there must be specifications, a recording registry, and ongoing inspection of private clinics and private hospitals, because we have found a very serious discrepancy in prices in private hospitals. The draft was connected to the fact that every clinic should be registered with the union and the Ministry of Health, there should be inspection, there should be a serious approach to suspending permits, what is written on the shingle of a clinic should be available, any clinic in violation of that should be shut down, and so forth. With respect to hospitals, we have set out a number of conditions, among them that there should be specialized doctors, physicians, and so forth. We have spelled out the fees for treatment, which was a very touchy issue since we said that fees in private hospitals should be stipulated as hotels are; what is a private hospital but a sort of hotel? I break hotels down by classes. The Ministry of Tourism sets out a price system for each class. The same thing goes for hospitals — I agree to the formation of a committee to set prices made up [of people from] the Ministry of Health, the governorate and the union, along with the private hospital owner, and we agree on rules for computing hospital rates. There is no doubt that private hospitals, by all standards, are not social, humanitarian institutions - they are economic installations, in the sense that money is supposedly invested in them for the sake of realizing a profit and realizing a return that will allow for development, will allow for replacement and will allow for progress. However, if this sort of thing does not exist there will be absolutely no private hospitals, and anyone who has a hospital will turn it into something else - a hotel, for instance. Is it in people's interests for these private hospitals to disappear?

The question on that is that since public treatment is still deficient and inadequate, then it would be in people's interests to have the greatest number of beds in private hospitals. Why? The law of supply and demand. The more demand increases, while supply is low, the more owners of private hospitals will resort to price increases. If we flood the market with private hospitals, beds will be available, we will start to have different levels, and this will help reduce costs. We agree that there will be a standard, a specific percentage of net profit of such-and-such percent for hospitals, which will be adequate for replacement and so forth. This will be the pricing that will be reviewed every two or three years according to the inflation rate. It will remain posted, in plain sight, and will be authorized by the relevant director of health. A direct question arises, and this is, is it necessary that we have hospitals in an investment context? The answer to that is of course, categorically, yes. Why? Here I can say that traditionally Egypt at some time was the place which every Arab or African in the area who wanted treatment would visit and make a pilgrimage to, because Egypt had a deep-rooted reputation since 'Ali Pasha Ibrahim, and had very massive expertise, until a new era dawned, 10 years ago, the era of medical technology. Medicine today no longer means a good doctor and a stethoscope — medicine today has come to involve equipment whose costs in some cases come to half a million pounds.

If it lacks this, Egypt will lose a basic element of competition in the region, the element of medicine. Today, when we compete in medicine, we are competing with Saudi Arabia and the hospitals in Saudi Arabia, with Britain and the hospitals in Britain. I have been competing with Beirut and the hospitals in Beirut. We are competing with Greece, which has attracted a very large number of the workers in the region.today. Arab citizens want treatment in a good place which is furnished with the best equipment. I can say that there is no method of treatment in the world, no means for treatment, no use of some item of equipment for treatment (even if it is out of order) that does not exist in Egypt, along with dozens of Egyptians who have been trained in it in Egypt. There is a laser everyplace. This is the last word in the realm of treatment. I once told President al-Sadat when he was discussing normalization and the rest with me, I told him, "They showed you an instrument and said that it was the most modern diagnostic instrument. You appeared on television, you and Mrs Hihan al-Sadat. They said that they were showing you on a special computer, and so forth. This instrument existed in a private hospital and in al-Qasr al-'Ayni for 4 years, and there are nine in Egypt now. That is, we do not lack expertise or trained people in Egypt because everyone travels abroad two, three, four or five times a year, attends conferences, reads periodicals and attends seminars. No newspaper has reports on less than four or five vocational conferences, because there is an intense incentive, which is the incentive to be superior, and every doctor wants to be better and acquire everything that is new. One thing remains, and that is financing. Ther government is not financially able, so therefore you now have to get into financing carried out by companies or bodies. Today the cost of a hospital like the al-Salam hospital comes to $60 million. Who can pay $60 million? The Arab Contractors' Hospital cost more than 20 million pounds! Who can pay this, except for a large body that can invest? Now you can go to the Arab Contractors' Hospital or the al-Salam Hospital and see every instrument or item of research that you can get elsewhere in the world. Doesn't that entice people who want to work in medical tourist activity? I can say that Egypt must perform this civilized role. There are people who will say, "You are providing this equipment in these hospitals but are depriving the Egyptians of them." Of course the issue of the ability to pay and the indigent arises here. Am I, as the private sector, supposed to acquire an instrument worth 7 million pounds, a seismic instrument, which is considered the last word in the realm of radiology treatment, of which there are two in Britain, five in America, and a single one in the whole Middle East, which treats tumors, because it can penetrate tissue, focus on an afficted area and kill it — the private sector has managed to acquire this sort of instrument; shall I tell it, "I don't want it?" How can this sort of instrument be made available to Arab citizens who can pay but not to Egyptians? I will say that it is the government's duty to provide the same thing. Today the government actually has started to invest its money. For example, there is a hospital where the government has invested 60 million pounds that is being erected at 'Ayn Shams. It will be the latest thing available in the era in terms of resources. This is the government's function, to provide one or two hospitals or one or two instruments for treating people who cannot pay, but doesn't the person who invests 60 million pounds in a hospital, and does not invest that in carbonated water or Schweppes deserve the applause and praise from us that someone who invests his money in carbonated water deserves? How can we not encourage such an investor in the hospital sector, working to bring hard currency to Egypt's treasuries every year, able to get the whole Arab area to be treated in Egypt, and tell him, no, what are you doing? I believe that the process of investing in the field of hospitals is very desirable, for a number of reasons:

1. It brings new technology into Egypt.

2. It rains doctors.

3. It prevents a drain. For the record, we spend 31 million pounds a year on treatment abroad, and none of that is received from the government by sick people for treatment abroad. If this money came into Egypt and were spent inside Egypt, wouldn't that bring savings to the domestic economy?

AL-MUSAWWAR: No one disputes that, but, at the same time, I believe that the union must play a part, which is to borrow from the bank to create special small units or get doctors to participate, by means of young doctors who have acquired a doctorate and cannot find a place to work, by way of contributing to solving the problem.

Dr Hamdi: So far we have formed a company called "The Medical Profession Hospital Company." It will invest money that actually is available. We have started getting help from various bodies to build clinic complexes in various sections and governorates. This project requires that each clinic consist of a complex of clinics in which basic medical care services which will be offered to the citizens free of charge will be available and in exchange the governorates and the localities will give us land at a token price - not at a price of 1,000 pounds per meter, then tell me "Make a complex of clinics conducting examinations for 1 pound." We raise the condition that we be given land for token sums so that we will be able to save on costs. The proposed project is to erect a small hospital over this complex of clinics, a 20-bed hospital, since many people's problems are concentrated on obstetrics, tonsils and gastric problems.

As regards delicate operations, such as heart and other operations, it is not reasonable for that sort of operation to be conducted in this sort of condition, which is like a trench. This is all based on the hope that we will succeed in establishing such a system of hospitals over a number of years. We are now looking for bodies that will give us loans and grants, such as the American aid program. This is all in hopes that when this activity is expanded it will subsequently be possible for us to set up a private health insurance system, in the sense that when we have such a system of hospitals we will be able to tell people that we can admit a class of people that will be disposed to receiving integrated service in the context of private treatment. At that time some people might come to us because they do not like the government health insurance system, where the lines are long, and because they want to be free to choose the doctors who will treat them.

They want to be free to choose the hospital where they will be treated; it will be possible for me to provide this sort of citizen with such private services, and this will result in eliminating much of the people's suffering because many people might accept this new system if they realize that they will pay 1 pound for treatment per year for an accident or emergency. I, as a union, will rely on government cooperation in my new project. I have sent off to 14 governorates, and have received answers from just three! I wrote to them again, telling them that I was offering them something that would help solve the treatment problems of citizens in their governorates. One should bear in mind that these governorates have faculties of medicine and good young people with doctorates, a high degree of expertise and good performance levels who are ready to work directly for a token fee. The service level is good and it will be within the citizens' ability to pay. In addition to that, we will be making an intense effort to keeping clinics open in the afternoon. We have applied this system in Heliopolis; we have seven afternoon clinics in health bureaus and health centers. I do not believe that I have any problems in Heliopolis, because that has big service outlets, the Ministry of Health and the armed forces, in which professors of medicine from 'Ayn Shams and al-Azhar might be working. The armed forces have applied a very good system, opening their hospitals in the same manner to serve citizens in the afternoon. These are the untraditional methods that must be broached in order to solve an extremely complex problem like that of treatment in Egypt.

AL-MUSAWWAR: What about treatment fees in doctors' clinics?

Dr Hamdi al-Sayyid: I am not satisfied with these. We have repeatedly given warning of the seriousness of this situation, through letters, statements and all the means we possess. We have said that this is not right.

AL-MUSAWWAR: Especially since there are patients who come in from rural areas whose material circumstances are poor.

Dr Hamdi al-Sayyid: There is no priesthood in medicine. It is the only profession which is open to everyone. I can stress that there are dozens of people, in fact hundreds, for each big doctor in the capital, who can treat the same condition at a quarter of the price the big doctor gets. However, people in our country suffer from something called fame. When you know that a doctor is famous, you will run after him, swarm about him and put pressure on him. The question of fame enters into everyone's head. Then there is another issue, which is that of frequent visits to doctors even when there is no illness. People who cough go to the doctor; if they bear with the cough 2 or 3 days it will disappear automatically, but what happens is that people who cough go to doctors for respiratory diseases, although with a little medical knowledge anyone could treat himself. The question is connected to the degree of maturity in society. The solution is awareness. The question of pricing requires awareness among people. It is not a question of dealing with doctors but of dealing with butchers and grocers. Awareness causes people to boycott those who increase the prices they pay. I wish that people would not run after the big medical professors, but it seems to me that the issue is connected to a show of pomp and wealth. Some sick people travel to the end of the world, get a car that rents for 30 pounds, then complain of something trivial that does not deserve such running around.

AL-MUSAWWAR: For every doctor who gets 20 pounds there are 15 out of work. What is the union doing about this?

Dr Hamdi al-Sayyid: There ought to be publicity to guide sick people. The problem lies in the means of publicity. We are thinking of putting out a book that will have information on every doctor, his field of specialization and his expertise.

We will be helped in this when the process of registering clinics begins to be applied. However, we must not forget the poor administration in Egypt. The union is part of Egypt. Let me repeat that there is no substitute for expansion in service outlets, that is, increases in the number of clinics, improved health insurance and improved performance levels in public hospitals. That is the only solution. It has been proved that any other solution, based on agencies, investigations and the police, will not achieve success.

AL-MUSAWWAR: Many doctors get fantastic sums and evade taxes. They constitute a pressure group in regard to taxes. Isn't there some way to have a sound, respectful situation on the part of the doctors and their taxes?

Dr Hamdi al-Sayyid: There is a long history of blunders on taxes in the profession. We have not yet reached any sort of balance. There is no doubt that some doctors try to evade taxes, but others are subject to prosecution and surveillance by the tax agencies in Egypt, as if they were really wealthy, though the people with the wealth are merchants and skilled workers.

In a single campaign in one month, the Tax Department collected 18 million pounds, when it reached a settlement with some taxpayers.

The Tax Department collects 12 million pounds a year in taxes from professionals, including lawyers and engineers. Among these, doctors paid 7 million pounds.

The Tax Department, in order to settle old disputes, has focussed all its efforts on professionals. I told the president that the Tax Department should go out, see a newly constructed building that cost 2 million pounds, and hold its owner accountable; thus, collection should be at the source. It is certain that as regards commercial transactions anyone can get a million pounds by selling a plot of land. That is a legitimate gain, and the government must receive what it is entitled to from it.

AL-MUSAWWAR: Let us specify the dimensions of the problem between the doctors and taxes.

Dr Hamdi al-Sayyid: The endemic problem may be summarized as follows: there is a stable relationship. The doctor is always prosecuted; the doctor cannot hide the volume of his transactions, because his clinic is always open and anyone can go into it and investigate the number of patients there. Problems occur when the doctor asserts that not everyone who goes into his clinic is sick but that there are visitors, guests and sick relatives, while the tax official insists that everyone who goes into the clinic is sick. Keeping a daily record, for a doctor, is a harsh, difficult process. It takes time and needs an accountatant. There remains the problem of exorbitant appraisals, which the doctor rejects and because of which he gets into conflicts and disputes with the department.

AL-MUSAWWAR: So what is the solution?

Dr Hamdi al-Sayyid: We have demanded that a fixed tax be spelled out which doctors will pay each year and will increase 10 or 20 percent a year, so that the doctor will know what he will be held accountable for each year. This sum will be broken down by months of the year.

The department rejected this request. It is hard on people who send it papers, but it does not go looking for evaders, because it is difficult for tax officials to look for evaders and easy for them to harrass people who present them official papers. As an example, there are 35,000 contractors in Egypt and only 3,000 pay taxes.

Dr Salah Hamid's policy in this area is good; it is a good start in holding people who evade taxes to account. That does not prevent us from talking about the Tax Department's problems in terms of the volume of the unremitting labor, the lack of ledgers and the accounting system. We go to the department and they ask us to look for our own ledgers on the shelves.

We have said that we are in favor of being accountable to the law on wealth, but the authority does not agree. We demand that a system be set forth that will put professional people at ease. One should bear in mind that private hospitals are subject to commercial taxes, not professional taxes, but it has a different system, with stiff accountability.

AL-MUSAWWAR: What are your observations about medical education in Egypt, especially the opening of new medical faculties? Why do most graduates go off to Europe and the Arab countries — isn't there any feeling of commitment to the nation?

Dr Hamdi al-Sayyid: We have started to view the problem of medical education as if it were a chronic disease for which there is no remedy. It appears that no one is responsible for the problem. However, I can say, first, the composition of the profession has changed as a result of the fact that 4,000 graduate a year. Society views the medical profession as a profitable one with a big income that requires little effort and offers high social standing. This change will continue in coming years. In the next 5 years, 40,000 doctors will graduate, representing 50 percent of the number of doctors now present in Egypt, including doctors who have gone abroad, emigrated or died.

Today, before coming here, I read an article by my colleague Ahmad Zaki Karim, who is a doctor in the armed forces. He wrote his memoirs and reminiscences of the days of our studies in the university, the care we received, the firm relationship we had with professors, and the invitations they gave us to their homes for dinner. There were only 60 students in a graduating class.

AL-MUSAWWAR: What happened then?

Dr Hamdi al-Sayyid: After 1961, it happened that a storm of students entered the medical faculties; a single graduating class would have 10,000 students, everyone replying on his own wits. Education became the responsibility of the indivudual, and receptivity to private studies intensified, courses would run as high as 700 pounds, and students who wanted to excel took more than one course, which would cost them about 3,000 pounds a year. This is the only way to study under the current circumstances. Students who rely on lectures alone will get nothing out of it at all. The medical profession is a profession of competition, since every student wants to excel.

AL-MUSAWWAR: This is as far as education goes. What about training?

Dr Hamdi al-Sayyid: There are no opportunities to train students. The students must acquire training in the faculty; after the graduation, there is training for the master's degree and intensified training, which is known as the doctorate. More than that, the profession requires constant training, even after the doctorate, or the doctor's level will be badly affected — developments are taking place in this field every day.

We have been teaching medicine in Egypt in the same way for 50 years, and it is now necessary to devote ourselves to local medical education. Our problems are very different from those of medicine in America and Britain.

We have malnutrition, different kinds of fever, poverty and so forth.

AL-MUSAWWAR: Have we started to fight on more than one front?

Dr Hamdi al-Sayyid: Every year we see a plan to build a new faculty of medicine. How so?

What happens is that people find a good hospital and say "We will erect a faculty herein. Where are the theoretical studies?"

We are told, "In the laboratory, in the adjacent secondary school, or in the garage. We will soon erect a faculty building and the cornerstone will be laid." Then the construction does not take place, in view of budget conditions, shortages in allocations and the wars the country has waged. The situation has gone on like this for 30 or 40 years. We ask what all this talk is about and we are told "Directives; higher government policy." Once I insisted on learning what the source of these directives was, I carried out an investigation myself and I found no source for these so-called directives. It was just a matter of an innate fear of officials. We prepared studies and sought the aid of the American University, but all these studies are ignored and no one pays attention to them.

We succeeded in reducing the number of students and objected to the case of people coming from abroad, since their level was low and they relied on intercession and bribery to pass, corrupting education in Egypt and abusing our education, since students coming from abroad go back to their countries and say "I got the certificate through the bribes I paid Egyptian professors."

Now only 5 percent of the students coming from abroad go to medical faculties. They obtain grades similar to those of Egyptian students because on some occasions we used to accept people who had had to repeat courses in their own countries so they could receive bachelor's degrees in medicine from us.

Second, we have succeeded in limiting the number of new faculties. Although the establishment of a medical faculty in a governorate will greatly help improve medical service, as has happened in al-Mansurah, Tanta, al-Zaqaziq and Asyut as a result of the availability of professors and scientific research, in spite of that a modicum of financial resources must be present if we are to succeed in establishing a new university. The experience with the establishment of the Suez Canal University has been a success, since we gave our agreement to the opening of the university only after every resource was made available and after careful supervision on the union's part which lasted 5 whole years. Nonetheless, we limited the number of students the university accepted to just 50; they enrolled in the faculty of medicine at the Suez Canal [University].

We are following up on this pioneering experiment in the field of local treatment, mixing theoretical studies with a practical expertise and going down into the village starting the first day of class.

It will take some time to establish medical faculties in the Governorates of Sawhaj and al-Minufiyah if we are to be able to come up with all the requisite facilities and material resources.

We are working to reduce the number of students in the university; we have 39,000 students in medical faculties in Egypt, 8,000 of them in Cairo University and another 8,000 at 'Ayn Shams.

This year, for the first time, we are seeking to merge practical training with theoretical studies and instruction in behavior, environment and pollution. Students will study these subjects for a period of 5 whole years.

We have also sought to prescribe training and not content ourselves with theoretical study at the master's level — rather, we will introduce studies and practical training as well.

As regards behavior, that is learned not through education but through good example. How can a student learn humane behavior when he has to examine a patient at the head of a line of a thousand patients in a few minutes and the orderly sees him striking the patient and perhaps giving him a slap, then finds that his boss is passing the patients on every few minutes — how can that be a good example?

I remember that when I was in Britain, our professor, who was a big lord, would not address a patient without calling him sir, that is, "sidi" — "Would you allow this student ~~to~~ examine you, sir?" Then he would show him the virtue in doing that and would himself supervise the warming [sic] of the patient. In Egypt, however, the patient consists of a case, a number, just a number; there is no humane behavior in Egyptian hospitals.

The medical profession, like carpentry for instance, must depend on "master and apprentice." The professor must have one, two or three pupils at the most whom he will instruct and train. Now, however, no one knows what his pupils look like or of course their names; when a doctor comes to me and tells me, "I was your pupil," I say, "Heaven's name, son, how can I remember?"

I would like to say that if the government did not spend half its material resources on training and education there would be no development in Egypt. Development consists of man and resources, then the exploitation of resources. All our problems come from a lack of adequately trained people.

AL-MUSAWWAR: The phenomenon that inspires amazement in the medical faculty is that of the children of professors; it is not reasonable that all the children of professors should by coincidence be exceptional!

Dr Hamdi al-Sayyid: The reason for this phenomenon is:

The extreme difficulty the medical student faces today; competition between the professor's son and the ordinary student is unequal. At the outset I can say that the professor's children are not backward, but entered the faculty after passing a general examination, the "general secondary," and entered the competition with their colleagues starting at the same point.

As regards the exceptions, those just come to 5 percent; the children of professors in all fields of specialization and other branches such as law, engineering, commerce and so forth form part of these; the ratio of children of professors is just 1 percent; the rest get in through their own efforts, which are great.

However, we do find that professors introduce their children to professors and courses and enable them to mix with their professors; I send my daughter to a fellow professor to help her in matters in his specialization in which she has difficulty, for example.

It is also wrong for the grade to be divided into three sections, and for the grade on oral examinations to make up two-thirds of the final examination grade. This is wrong, as is the courtesy doctors provide for their colleagues. We are human beings and we find that the sons of professors are not afraid of oral examinations because they sit down with the professors and hold discussions with them freely, while the ordinary student comes into an examination confused.

Therefore we have started the system of multiple-choice written examinations. Grading is done by computer; 'Ayn Shams University has actually started this system.

We will work to have oral grades in all faculties brought down to the lowest level possible.

AL-MUSAWWAR: Isn't there some kind of coordination among university professors?

Dr Hamdi al-Sayyid: Absolutely not. The ones who have the right to choose are the top 10 only, and among the top 10 only one is a child of a professor. The bachelors' degree continues [to determine] the choice throughout the life of the doctor, even when he receives a doctorate. That is absolutely unfair; a single year cannot determine a man's whole destiny.

AL-MUSAWWAR: There is an argument in favor of Arabizing medical education in Egypt. This would require at least 6 years of constant intense effort. What is your opinion?

Dr Hamdi al-Sayyid: Here we are getting into an issue of educational philosophy. Which is better — for me to be taught in my own language or a foreign language? What scholars of education agree upon is that when people are taught in their original language they easily understand and absorb what they learn, but if they are taught in a foreign language they translate what they are told in their minds, then proceed to understand it, and do the same thing before they answer - translating, then answering - which is a strenuous mental process.

In every country in the world, including Finland, they use their own national language. The Arabic language contains many words and synonyms and yet we study in a foreign language. In the 17th century, doctors who did not know Arabic were considered failures. Arabs translated Greek and Persian scientific works and improved on them; is there no one in Egypt who can do the work of Arabization?

In the course work we also find a very strange sort of pidgin Arabic. The lectures are given in English and then are repeated in Arabic. A student who misses a word will understand nothing from the lecture.

In examinations, we can find no less than 100 errors in English spelling on a page, and we let that by.

We are now preparing for master's degree studies for general practitioners for the first time. We sought the assistance of a group of British experts in readying 150 students for this course. The British asked us, "How could you be so negligent as to give doctors courses in English? Won't the doctors be talking to the patients in Arabic? This is very strange!"

Similarly, although I went to Britain, lived there for 5 years and speak English like my own language, there are nonetheless some words the patient in Egypt uses for which there are no corresponding words in English, and we have to write them down in Arabic. An example of that is the word "cough" — the patient says "I am coughing," or the patient says "my chest is urinating."

AL-MUSAWWAR: How can we keep up with new things in the world of medicine?

Dr Hamdi al-Sayyid: The answer to that is that strong English language courses must be prepared, equipped with language laboratories, each student should learn a suitable language, and we should not confine ourselves to English studies — rather, the students should learn English, French, German and Russian, we should open up to various medical schools, and success in language should be a condition for obtaining a bachelor's degree.

AL-MUSAWWAR: I believe that we have talked a great deal about the city. I, for example, my village is al-Dahriyah, Itay al-Barud District, al-Buhayrah Governorate; it has a population of 35,000 and half a doctor, in the sense that he works there half the days of the week, and the other half in another village. My village is in al-Buhayrah.

Dr Hamdi al-Sayyid: That is very odd.

AL-MUSAWWAR: There is no first aid vehicle or operating room.

Dr Hamdi al-Sayyid: You are talking about a rural unit.

AL-MUSAWWAR: This is a collective unit. The doctor just works there 3 days.

Dr Hamdi al-Sayyid: This is a very serious shortcoming, because the system that exists in the rural areas consists of two systems. There are the rural units, which serve from 3,000 to 10,000 citizens; these number 2,500 in the rural areas. The number of these units is supposed to increase and the number of people the unit serves is supposed to decrease to no more than 5,000. The rural units are supposed to offer services which are known as basic medical treatment, such as the treatment of endemic diseases, emergency services and preventive services; a doctor is supposed to be attached to them - now two doctors - and some units have a dentist, a health aide, a wet nurse or midwife, a female nurse and a laboratory assistant. This mass of people is supposed to be furnished with what is called basic medical care, which means, first of all, contact between the citizen and the profession. If the citizen suffers a minor ailment, he goes to the unit. Likewise, it is the doctor's field of specialization to give mother and child care and examine school students, which is known as school medicine. The doctor operates a family planning unit so that he can engage in providing guidance for pregnant women, distribute interuterine devices and so forth, and he treats endemic diseases. Do these units do their job as they should? The answer is no, because of the great shortcomings. One of the causes of these shortcomings is the fact that the doctors there are not well trained and the responsibilities they bear are very grave. The doctors graduate 3 months beforehand, train for a period of 2 months, then go to work in these units. Naturally they are not effective enough. More importantly, the doctor is the head of a team, and when he goes he finds a grizzled old orderly and also a health aide and a local medicine man, and they play games with him from the moment he first gets to the unit. The doctor who does not have expertise or experience is surprised to find savages; either he joins forces with them and takes money from the people who frequent the unit, or complaints rain down against him from his first day until he is transferred. This is an extremely serious issue. The doctor is requested to do compulsory service in the health units for a year. Many doctors fail in this experience; a few doctors succeed and can lead, because the doctor can interact with the chief of the village or the village head. We hope that in the future doctors who have master's degrees in general practice will go to these units and will have doctors with them who will train with them and be under their supervision: these doctors with master's degrees should have from 3 to 4 years' experience and should be able to deal with problems and be competent leaders. This is one of the problems of medicine, because students in medical faculties do not study management science. One should bear in mind that a large part of the doctor's job is management, to enable the doctor to deal with the whole gang, which consists of an orderly, a wet-nurse, a health aide and so forth, because when a graduate doctor appears before this group they start to learn about him and if he joins forces with them then he is in it and if he does not, sneaky complaints will rain down on him until he runs away. I have nothing that is more voluminous than complaints about these doctors. In addition, we have asked that these doctors be given permission to open clinics in the afternoon so we can tie them to the village. First, that will free them from putting their hands in patients' pockets, because they will get something from examining patients in their clinics in the afternoon. The extent of their control over the people working in the clinic will increase when they are given bonuses and incentives from the unit income related to the clinic, and also, by tying them to the village, the village will get to like them, they will reside there, they will not leave it, and we will go back to something resembling the era of the health inspector who would refuse to leave the village once he had established many ties with the people in it.

AL-MUSAWWAR: What exactly is the case regarding the rural areas?

Dr Hamdi: The case is that these doctors need good training and at the same time need incentives that will tie them to the place so that they can do their job thoroughly.

The second system is that of health groups. When they were operating, there were hospitals; some of these had 20 beds. The Ministry of Health gradually started to expand these hospitals, because they provided idle capacity — there were 8,000 idle beds that were not occupied, and we needed these beds. Then the Ministry of Health started to establish what are called village hospitals, causing some specialists who work in the central hospital to want to perform operations, deliver babies and train doctors. This experiment did not succeed totally, because an inefficient amount of incentives were provided: without incentives you cannot produce results, especially in the field of medicine. We must entice doctors to work and convince them that their future is in the rural areas. I told them this, that their future was in the rural areas. If a doctor stays in the village, makes a presence for himself, makes a name for himself, and creates a relationship with the citizens for himself, especially now that many villages have started to be located on main roads, and have electricity, water and schools, for the first time, after 2 or 3 years, some of them will remain in the rural areas, because, after the first year is up, we will provide these doctors with a choice — either to remain in the rural areas or to receive specialized training in the hospitals. Today, more than half of the doctors prefer to remain in the village, especially now that the doctors manage to get an income for themselves. The doctors have some marginal income, such as house calls, receiving 30 piasters per visit, and they get a family planning bonus of 10 pounds. If they open clinics for themselves, especially if they are properly trained, the rural areas will be transformed completely, to the point where each village will have a doctor connected to it and he will help the peasants improve their standard. He will be able to work in health education and be effective in family planning matters. I hope that the day will come when a doctor will go give the Friday prayer in the village mosque, because he will be able to introduce notions of health and cleanliness as a part of the religious instruction. However, the doctor does not have the appetite for this; he is disgusted and he does not know how to act. If I could tie him to this place I would find young persons who could live in the villages and do good service.

I can say that the rural unit system is the most splendid system in the world and is without equal in the world. It is a network spread out throughout Egypt and the government can benefit from this network for many things. When pilgrims afflicted with cholera return to Egypt, each of them is under control, because there is no pilgrim that does not have a rural unit alongside him that can monitor him. Why was infantile paralysis inoculation a success? Because these centers were working properly through incentives under a national campaign. This is a public cause that also stirs up such great enthusiasm and nationalism in the people that they start to work well.

AL-MUSAWWAR: What is your opinion about the birth control issue?

Dr Hamdi al-Sayyid: I have a specific viewpoint on this problem, because it does great damage to talk about it as if it were birth control - that immediately stirs up diverse contractictory reactions, among them what Ahmad Baha'-al-Din wrote, to the effect that population is a blessing, not a vengeance; it starts to provoke religious sentiments, claims that you do not give sustenance to anyone or that sustenance is guaranteed, and a lot of talk. I say that Egypt's problem must be discussed in the framework of what is called the population problem in Egypt. When we define that, we will be speaking in a more comprehensive manner and will not be dealing with a small particular point, which is just reducing the size of the family. Without a doubt, the people who claim that we are issuing a law and punishing people who produce a fourth child and that that is inhumanitarian and unrealistic, because it is the citizen's right and the right of people all over the world today, the citizen's right to have the size family he considers appropriate — this is one of the rights of the citizen, not one of the rights of the state. In Communist countries like China that have imposed the right by law and state "I will cut off the head of anyone who has more than two children." That sort of talk is illogical; my job, as the government, is to provide every citizen with information and means that will enable him to limit his family in the manner he sees fit. The second problem in dealing with the issue of family planning is that we are trying to encourage people from the angle of national obligation, as if we are placing the responsibility for Egypt on the shoulder of every citizen. The answer is, "All right, what's it got to do with me, as long as my children earn money and don't cost me anything?" Children in the Egyptian village go to the fields, the day wage for agricultural labor is 3 pounds a day, and we cannot preach to the Egyptian citizen from this angle. Ultimately we say that the process of procreation differs with each person and, if we cannot create alternatives, a method or means for changing this conduct, people will not proceed seriously with the family planning process.

We ask, is there a population question in Egypt? Of course there is. Part of the population in Egypt is living below the sufficiency level. Part of the population does not get food. Part of the population does not get enough calories. Part of the population does not get enough protein to build up tissues. Part of the population is illiterate, unemployed, cannot find housing, cannot find opportunities for work or education. Congestion is everywhere. We have become crowded together in a narrow strip. In the Bab al-Sha'riyah and Rawd al-Faraj sections, the population density amounts to 105,000 per [square] kilometer, which is the highest density in the world. Nobody can breathe in Cairo. Anyone who says that there is no problem of crowding, congestion or population density is wrong. There is a problem of poor population characteristics in Egypt; people are quarrelsome and do not enjoy life. That is, the population that is present today is not respected; the population to come will not receive its rights; human rights are not available to it in terms of education, health, or national income. If we agree on this point and wonder if there is a population problem in Egypt, the answer to that is that there is a very enormous population problem in Egypt; it is the prime question. The second question is development — what are the elements of development? Its elements are resources, population, and the means for using resources in terms of technology and management. This element was not taken into account when Malthus defined the population problem and said that the world was faced with a shortage of resources and that consequently a famine would occur. He did not take into account the advent of technology, which managed to increase productivity per feddan and land yield and use computers and insecticides.

There are countries that have a balance between resources and people, and their resources are developed by the very people who are there; they use technology and progress. An example of that is a country like Japan — its resources are man, which it uses through technology. Then there are countries that have resources and are short on people, like the Arab Gulf area.

Germany employed 6 million workers from Turkey and Yugoslavia; today, there is unemployment there - that is, there are resources but no people. People are not enough. There are countries that have few resources and many people, and there is a surplus in them. Does Egypt's problem with development lie in the fact that it does not have enough people? I say that Egypt has many people but that their specifications are low. There are more people than there should be, and they can develop more than 10 times the resources they have; they could have developed the resources of the Gulf and Saudi Arabia, but their specifications are low, in the sense that they are not sufficiently educated. Illiteracy is great, their health is not good, there is no housing, they are not well trained, and they are poorly distributed as labor, with surplus labor here and a shortage there. If Egypt produces another 10 million people, will the problem of carpenters and mechanics in Egypt be solved? I can solve the problem of mechanics in Egypt in 6 months by redistributing the labor. I have enough people for my resources, but the specifications of the people are low and one must develop these specifications. I ask people who say that people are a resource, where is the return on this resource? People producing a third of what they eat? Our entire national output is inadequate for half of what we import. Let us eat; we eat in debt — that is, people are living in a state of dependence. That is, people do not produce, and then someone comes up and says, "We want people." Fine, let me make use of what exists, redistribute it, organize it and guide it. As far as women go, are we benefitting from the human workforce that consists of women? What percentage or women are working? This is idle capacity, and therefore the issue of education for mothers and education for women is important. If we rise above the illiteracy rate, which comes to 80 percent among women, the situation will change. The first thing mothers and educated women who want to improve their incomes do is protect their health and their condition and plan their [families]; much of the motivation for planning comes not from men but from women. Ignorant women are always resigned to reproducing like rabbits. They have no opinions or ideas of their own, and therefore the issue of illiteracy among women is a basic one: How can we solve this problem? People, the solution to this problem is through comprehensive development; that is the absolutely truth. When I am speaking about comprehensive development, the first development is with mankind, because 50 percent of the development must be oriented toward man.

AL-MUSAWWAR: Is dispensing drugs without prescription unsuitable to the nature of Egyptian society?

Dr Hamdi al-Sayyid: When the issue of dispensing drugs without prescription was raised, much debate swirled about it. It was said that this was a method where every citizen was supposed to go to the doctor, even for simple ailments. We recommended that we should remove the minor drugs that any citizen can ask for from the prescription list, because their side effects are minor, but the other drugs should be dispensed only by prescription and, lest we be accused of encouraging people to go to doctors, we said that doctors practicing in government hospitals should be permitted to write out prescriptions that would be dispensed outside the hospital, because doctors in government hospitals are prohibited from writing out prescriptions. We demanded that any patient to whom something happens should go to the hospital or reception area and a doctor should examine him and write a prescription out for him that would be dispensed outside but would be stamped by the hospital. That plan met with no enthusiasm.

AL-MUSAWWAR: We have really burdened Dr Hamdi al-Sayyid down. The fact is that we have not been talking to a doctor, we have not been talking to the head of the Doctors' Union — rather, we have indeed been talking to a man who is informed about Egyptian society, who knows all its side symptoms - a man who looks upon the health problem from the standpoint of Egyptian man as a whole. We thank him for this valuable symposium and believe that this has really been one of the most fruitful of the symposia here because it has filled our minds with many facts, has placed many figures before our eyes and has put our fingers on the truth of problems. We thank the doctor for accepting and honoring us, and we promise him that we will be completely faithful in publishing this and will weigh every word that was said in this symposium.

Participating in the Symposium

Makram Muhammad Ahmad, 'Abd-al-Nur Khalil, Yusuf Fikri, Muhyi-al-Din Fikri, Layla Marmush and Yusuf al-Qa'id.

Attending the symposium were Dr 'Abd-al-Rahman Nur-al-Din, editor in chief of TABIBAK AL-KHASS, Dr Mustafa Hajjaj, 'Atif Faraj and Nabil Rashwan.

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CSO: 5400/5012

BRIEFS

GASTROENTERITIS OUTBREAK--St. George's, Grenada, Saturday (CANA)--GRENADA has been hit by an outbreak of gastro enteritis, but the health authorities have assured the public that there is no need to panic. Speaking in St. George's, Secretary (Junior Minister) for Health Dr. Bernard Gittens, said the outbreak was mainly in areas where sanitary practices were substandard, and he appealed for greater efforts to improve environmental sanitation. "There have been no cases reported in areas where refuse is properly disposed of, such as in the hotel development areas," he said, "and clean up efforts in affected areas are already showing satisfactory results." [Bridgetown SUNDAY ADVOCATE-NEWS in English 2 May 82 p 3]

CSO: 5400/7549

MEDICAL RESEARCH COUNCIL ISSUES ANNUAL REPORT

Bombay THE TIMES OF INDIA in English 26 Apr 82 p 19

[Text] New Delhi, April 25 (UNI)—Communicable diseases still ranks as major public health hazards in India despite the efforts to control them, according to the annual report (1980-81) of the Indian Council of Medical Research (ICMR).

The report says, among these, tuberculosis, leprosy, malaria, filariasis, cholera as well as viral diseases have received special attention of the council. Seven permanent institutes of the council have undertaken research on these diseases.

The council's National Institute of Cholera and Enteric Diseases, Calcutta, has stepped up its efforts to popularise the use of oral rehydration therapy in various parts of the country by organising seminars and workshops in which local health authorities and public health personnel have actively participated, the report says.

In the field of tuberculosis, the council's tuberculosis research centre in Madras continued its studies on domiciliary therapy with the main aim of reducing the cost as well as duration of the treatment, without loss of efficacy.

The vector control search centre in Pondicherry has extended its activities to field projects involving the community by initiating an integrated research-cum-action-oriented project on the control of vectors of filariasis in the country, the report says.

Leprosy Patients

The council's Central Jalma Institute of Leprosy (CJIL) in Agra is conducting studies on the pathogenesis, transmission, immunology and chemotherapy of leprosy, as also rehabilitation of leprosy patients. In view of the detection that several strains of the lepra bacilla are proving resistant to Dapsone—the sheet anchor against leprosy, the CJIL is attempting to evolve treatment schedules involving several drug combinations.

The National Institute of Virology (NIV) in Pune, which is a recognised centre for arbovirus research, has extended its studies to several other viral diseases like influenza and viral hepatitis. During the year (1980-81), a viral encephalopathy research unit has been put into operation to function as a central serological laboratory. The NIV has played an important role in surveying and monitoring outbreaks of viral diseases such as Japanese encephalitis, Kyasanur forest disease and dengue in various parts of the country, according to report.

The report says that unless the "present disturbing rate of population growth is checked effectively, none of the targets set for self-reliance by India in any aspect of development can be achieved."

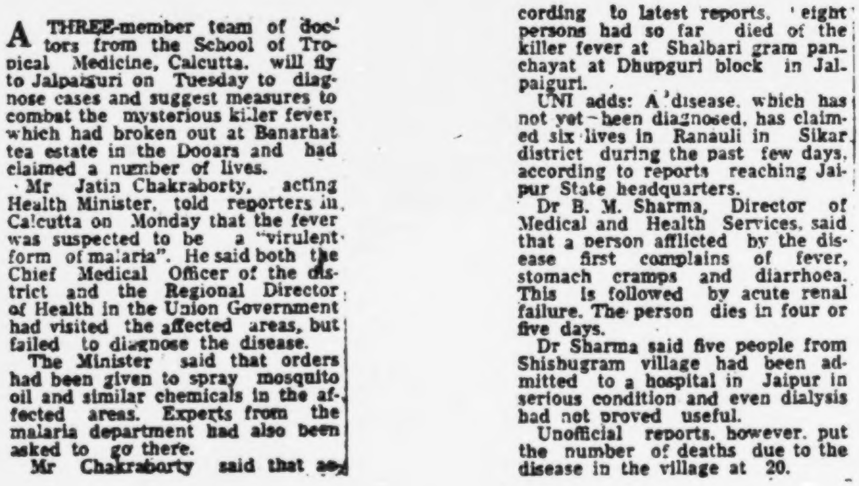
CSO: 5400/7068

PRESS REPORTS OUTBREAK OF MYSTERY DISEASE

Suspected Malaria

Calcutta THE STATESMAN in English 27 Apr 82 p 3

[Text]



A THREE-member team of doctors from the School of Tropical Medicine, Calcutta, will fly to Jalpaisuri on Tuesday to diagnose cases and suggest measures to combat the mysterious killer fever, which had broken out at Banarhat tea estate in the Dooars and had claimed a number of lives.

Mr Jatin Chakraborty, acting Health Minister, told reporters in Calcutta on Monday that the fever was suspected to be a "virulent form of malaria". He said both the Chief Medical Officer of the district and the Regional Director of Health in the Union Government had visited the affected areas, but failed to diagnose the disease.

The Minister said that orders had been given to spray mosquito oil and similar chemicals in the affected areas. Experts from the malaria department had also been asked to go there.

Mr Chakraborty said that according to latest reports, eight persons had so far died of the killer fever at Shalbari gram panchayat at Dhupguri block in Jalpaiguri.

UNI adds: A disease, which has not yet been diagnosed, has claimed six lives in Ranauli in Sikar district during the past few days, according to reports reaching Jaipur State headquarters.

Dr B. M. Sharma, Director of Medical and Health Services, said that a person afflicted by the disease first complains of fever, stomach cramps and diarrhoea. This is followed by acute renal failure. The person dies in four or five days.

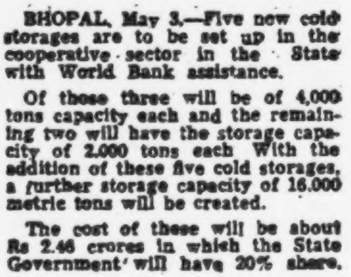
Dr Sharma said five people from Shishugram village had been admitted to a hospital in Jaipur in serious condition and even dialysis had not proved useful.

Unofficial reports, however, put the number of deaths due to the disease in the village at 20.

Disease Reported Spreading

Calcutta THE STATESMAN in English 4 May 82 p 12

[Text]



BHOPAL, May 3.—Five new cold storages are to be set up in the cooperative sector in the State with World Bank assistance.

Of these three will be of 4,000 tons capacity each and the remaining two will have the storage capacity of 2,000 tons each. With the addition of these five cold storages, a further storage capacity of 16,000 metric tons will be created.

The cost of these will be about Rs 2.46 crores in which the State Government will have 20% share.

CSO: 5400/7070

BRIEFS

LEPROSY IN MARATHWADA REGION--Aurangabad, April 26 (UNI)--The backward Marathwada region of Maharashtra has a higher percentage of leprosy than any other part of the state, according to a study conducted at a camp held in Dharmabad in the region's Nanded district. Dr Ishwarprasad Gilda of the J.J. Hospital in Bombay, who supervised the study, told UNI here he had found the number of diseased persons ranged from eight to 12 per thousand in different parts of Marathwada, which has no proper treatment facilities for the disease, "despite being a hyper-endemic area." He said a large number of leprosy cases did not cross even the diagnostic stage due to the backwardness of the people of the region, and the high poverty and illiteracy rates among them. Even the majority of doctors had no proper knowledge of the treatment of the disease, he felt. Dr Gilda said of the 3,000 persons examined at the camp, 300 were found to suffer from general skin diseases and 110 were victims of leprosy. Forty per cent of these cases were infectious and posed a serious "public health hazard." He said that even though the World Health Organisation (WHO) had declared the medicine "rifampicin" as ideal for treatment of leprosy, the drug--to be administered to patients every day for at least six weeks--was not available in Marathwada. As a result, leprosy cases in the region were on the increase. [Text] [Bombay THE TIMES OF INDIA in English 27 Apr 82 p 5]

CSO: 5400/7069

UNIDENTIFIED DISEASE CLAIMS TWO LIVES

Kuala Lumpur NEW STRAITS-TIMES in English 15 Mar 82 p 7

[Text]

IPOH, Sun. — A disease which recently struck the labour quarters of the Rahman Hydraulic Tin Bhd in Tanah Hitam near Klian Intan, has been described as "a phenomenon peculiar only to this particular place".

Sources said this is the first time the area has experienced the disease, which is suspected to be waterborne.

The disease has reportedly claimed the lives of two infants, and 60 people have been affected.

Vomiting

It causes body itch and pain in the chest. The victim's eyes also become red and their faces swollen.

In several cases, victims vomit and purge.

The sources also said the disease was unheard of before.

The mine's labour quarters get their water supply from a river near the mine.

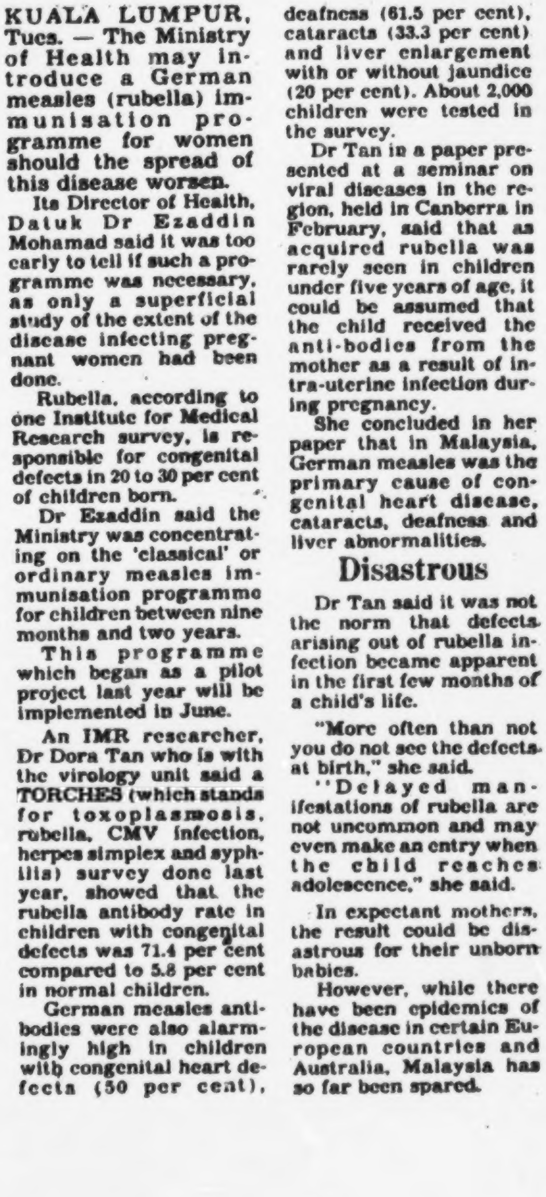
It is understood that samples of the water will be sent to the Chemistry Department soon for analysis.

CSO: 5400/8420

RUBELLA IMMUNIZATION PROGRAM BEING CONSIDERED

Kuala Lumpur NEW STRAITS TIMES in English 5 May 82 p 13

[Text]



KUALA LUMPUR, Tues. — The Ministry of Health may introduce a German measles (rubella) immunisation programme for women should the spread of this disease worsen.

Its Director of Health, Datuk Dr Ezaddin Mohamad said it was too early to tell if such a programme was necessary, as only a superficial study of the extent of the disease infecting pregnant women had been done.

Rubella, according to one Institute for Medical Research survey, is responsible for congenital defects in 20 to 30 per cent of children born.

Dr Ezaddin said the Ministry was concentrating on the 'classical' or ordinary measles immunisation programme for children between nine months and two years.

This programme which began as a pilot project last year will be implemented in June.

An IMR researcher, Dr Dora Tan who is with the virology unit said a TORCHES (which stands for toxoplasmosis, rubella, CMV infection, herpes simplex and syphilis) survey done last year, showed that the rubella antibody rate in children with congenital defects was 71.4 per cent compared to 5.8 per cent in normal children.

German measles antibodies were also alarmingly high in children with congenital heart defects (50 per cent), deafness (61.5 per cent), cataracts (33.3 per cent) and liver enlargement with or without jaundice (20 per cent). About 2,000 children were tested in the survey.

Dr Tan in a paper presented at a seminar on viral diseases in the region, held in Canberra in February, said that as acquired rubella was rarely seen in children under five years of age, it could be assumed that the child received the anti-bodies from the mother as a result of intra-uterine infection during pregnancy.

She concluded in her paper that in Malaysia, German measles was the primary cause of congenital heart disease, cataracts, deafness and liver abnormalities.

Disastrous

Dr Tan said it was not the norm that defects arising out of rubella infection became apparent in the first few months of a child's life.

"More often than not you do not see the defects at birth," she said.

"Delayed manifestations of rubella are not uncommon and may even make an entry when the child reaches adolescence," she said.

In expectant mothers, the result could be disastrous for their unborn babies.

However, while there have been epidemics of the disease in certain European countries and Australia, Malaysia has so far been spared.

CSO: 5400/8420

CHOLERA IN SARAWAK, HEPATITIS IN SABAH

Kuala Belait BORNEO BULLETIN in English 24 Apr 82 p 4

[Text]

KUCHING. — Four cases of cholera have been confirmed this month in Sarawak's Sixth Division.

All cases were from the Matu-Daro District and were treated at Sarikei Hospital.

Two of the victims, a two-month-old baby girl and a four-year-old girl from Kampong Nangar were from the Daro area.

The other two came from Matu. One was a 21-year-old man from Kampung Bawang and the other a woman, 36, from Kampung Seka'an Besar.

So far this year five cholera cases have been reported in Sarawak all from the Matu-Daro District.

Doctors have warned the public not to visit the affected kampungs and to keep clear of Sarikei Hospital to prevent the disease spreading.

They also advised people to take extra care in every day life and drink only boiled water and eat freshly cooked food.

Meanwhile, in Sabah's capital Kota Kinabalu the number of cases of infectious hepatitis continues to drop, according to Medical Services Director Dr Mechiel K. C. Chan.

He said that for the week ending April 11 only 11 cases of the disease were detected by doctors at the general hospital here.

This is the lowest number since the hepatitis epidemic in February when up to 80 cases were being reported each week.

Dr Chan said Medical Department officers are still checking restaurants, coffee shops and food kiosks in Kota Kinabalu. Sembulan, Tanjung Aru and Penampang and action is being taken against premises not complying with health regulations.

Two weeks ago 19 premises were inspected and food samples from eight were found to be faecally contaminated.

Two coffee shops have been banned from serving ice indefinitely after an inspection showed their ice contaminated.

The two shops were among 10 ordered to stop selling ice for a week on March 26.

The indefinite ban was imposed when inspectors returned after a week and the ice in two of the shops was still contaminated and unfit for human consumption.

It is believed the contamination does not come from the water used to make the ice but from the dirty hands of workers handling the ice.

Health inspectors have warned restaurant owners to keep their premises clean at all times and said checks on all eating places in the state will continue.

CSO: 5400/8420

BRIEFS

CHOLERA IN SARAWAK--Another two cases of cholera and four carriers have been reported in the last 3 days, all from the Matu District in the Sixth Division of Sarawak. The latest figures bring the number of confirmed cases in the state this year to 20 and carriers to 25. The cases are two babies from Daro, while the four carriers are from Matu. [Text] [Kuala Lumpur Domestic Service in English 1130 GMT 14 May 82 BK]

CSO: 5400/5994

MAURITIUS

BRIEFS

MALARIA CASES--For the year ending 31 March, reported cases of malaria totalled 240 (133 male, 107 female), a marked increase over the previous year's total of 185 (107 male, 78 female). Seventy-three cases were reported in March. Most cases occurred in Flacq (Brisee-Verdiere, Lallmatie, and Bon-Accueil). [Excerpts] [Port Louis L'EXPRESS in French 27 Apr 82 p 7]

CSO: 5400/5993

FEWER PACIFIC ISLANDERS IN AUCKLAND HAVE TUBERCULOSIS

Auckland THE NEW ZEALAND HERALD in English 20 Apr 82 p 11

[Text] **Fewer Pacific Islanders in Auckland are developing tuberculosis as a result of the Health Department's campaign against the disease.**

In 1975, of the 65 children in Auckland with tuberculosis, 46 were Pacific Islanders.

Last year only six of the 12 notified cases in Auckland children were Pacific Islanders, says the medical officer of health for Auckland, Dr John Stephenson.

"The racial distribution of the disease among adults is also changing, and the earlier predominance of Pacific Islanders with tuberculosis is no longer seen," he says.

"This different pattern of disease indicates our detection and prevention programmes aimed at 'high risk' groups have been effective."

Maori and Pacific Islands people form these "at-risk" groups because of what appears to be an increased susceptibility to tuberculosis.

"In 1976 four programmes were aimed at those at risk, including immunisation of newly born babies at National Women's Hospital.

"Of the 2462 vaccinations performed in 1981, 1333 were for Pacific Islands babies and 977 for Maoris," says Dr Stephenson.

"By agreement with Western Samoa, Tonga, Fiji and the Cook Islands, all visitors staying in New Zealand for over two months received a chest x-ray.

"Because the disease becomes manifest after some months in this country, long-stay visitors and immigrants were offered an x-ray at six and 12 months after entry."

The two mass miniature radiography caravans in Auckland now concentrate on offering x-rays to at-risk groups.

In 1981 the programme yielded six cases of tuberculosis from 32,109 x-rays.

All five tuberculosis deaths in Auckland last year were of elderly Europeans, Dr Stephenson says.

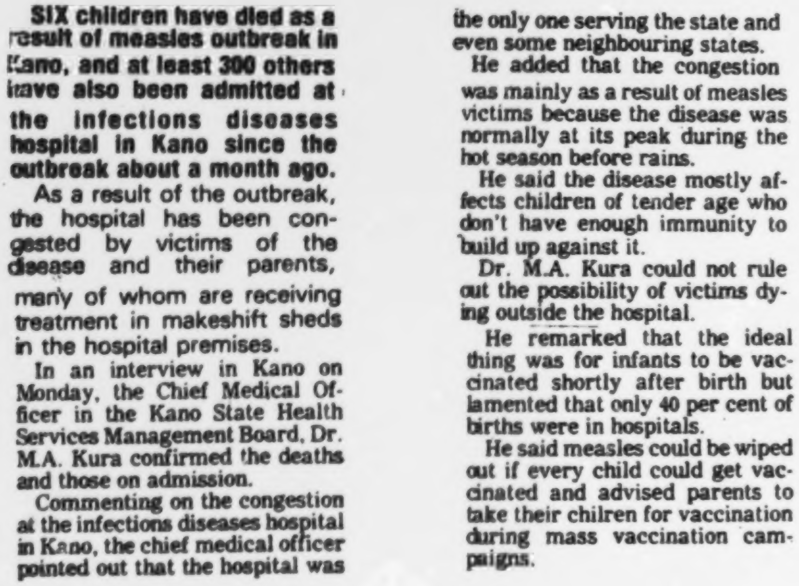
CSO: 5400/9083

MEASLES OUTBREAK IN KANO CLAIMS SIX LIVES

Kaduna NEW NIGERIAN in English 26 Apr 82 p 16

[Article by Abdulhamid Babatunde]

[Text]



SIX children have died as a result of measles outbreak in Kano, and at least 300 others have also been admitted at the infections diseases hospital in Kano since the outbreak about a month ago.

As a result of the outbreak, the hospital has been congested by victims of the disease and their parents, many of whom are receiving treatment in makeshift sheds in the hospital premises.

In an interview in Kano on Monday, the Chief Medical Officer in the Kano State Health Services Management Board, Dr. M.A. Kura confirmed the deaths and those on admission.

Commenting on the congestion at the infections diseases hospital in Kano, the chief medical officer pointed out that the hospital was the only one serving the state and even some neighbouring states.

He added that the congestion was mainly as a result of measles victims because the disease was normally at its peak during the hot season before rains.

He said the disease mostly affects children of tender age who don't have enough immunity to build up against it.

Dr. M.A. Kura could not rule out the possibility of victims dying outside the hospital.

He remarked that the ideal thing was for infants to be vaccinated shortly after birth but lamented that only 40 per cent of births were in hospitals.

He said measles could be wiped out if every child could get vaccinated and advised parents to take their chilren for vaccination during mass vaccination campaigns.

CSO: 5400/5992

AIM OF ENDING LEPROSY PROJECTED FOR 2000

Lahore VIEWPOINT in English 6 May 82 p 32

[Text] THIS is the aim of the Marie Adelaide Leprosy Centre and the National Leprosy Board. The Centre has been the pioneer group in Pakistan's battle against the disease. It had an incredibly humble beginning, a dispensary in Karachi made entirely of wooden packing-cases bought from a patient. This was in January 1956. The first leprosy sufferers found by the pioneers lived with their families in a beggars' colony, amidst overflowing gutters, vermin, garbage—they lived as outcasts. The Archbishop of Karachi had called upon the Sisters of his diocese to come to their aid. Later came donations from international organizations, helping to lift the work from the gutters and packing-cases into its present buildings, and its extended programme

It was but as recently as 1967 that the expediency of a Greater Karachi Leprosy Control Programme was recognized. Centres spread out over Karachi's crowded areas, and then attention was drawn to areas of infection in other parts of the country A Leprosy Technicians' Course came under recognition by the Punjab and Sind Medical Faculties. Throughout Pakistan 19,000 patients have been registered, but the estimated figure of at least 35,000 sufferers spread out over Pakistan adds a new urgency to the programme for its control, and the cure of sufferers

Not widespread

Fortunately, Pakistan is a low incidence area, unlike India, Thailand, Burma and Bangladesh. Within Pakistan, Sind, but for a few cases, is more or less free, the Punjab, too, apart from the major towns. But tho Northen areas, according to the Centre, may be considered as endemic. Shifting population must surely give cause for concern; people from the mountainous areas, many due to economic stress, tend to travel to urban and industrial areas in search of work.

Ignorance and prejudice are the worst obstacles to the Centre's and the Board's work. The Centre's explicit pamphlet on the recognition, treatment and cure, and social problems of the disease helps, but centuries of ignorance have left deeply ingrained inhibitions. The disease is curable, and one of the world's least infectious; seventy per cent of the world's sufferers are claimed to be in the non-infectious group, and, as the Centre records, 80 per cent of the world's population is naturally immune.

In a national effort to dispel prejudice and ignorance, the Centre has undertaken a schools education-cum-fund-raising campaign. Its success in Karachi has been beyond expectations. Hundreds of thousands of rupees have been collected for the control programme, and education courses have been held. The programme will be spread over other parts of Pakistan.

The year 2000 has become significant for other local and world campaigns—one can but repeat, fortunately—Pakistan is a low incidence area —*A.F*

Leprosy in India

MRS. GHANDHI has emphasised that two issues in India should receive special emphasis in the present year—leprosy and blindness. A leprosy seal compaign is going on at present in India and she said her Government was in constant touch with the WHO and other institutions to eradicate leprosy. Because of the non-acceptance even of cured patients in society the Prime Minister said, there were instances of the disease being hidden by sufferers in the early stages. Mrs Ghandhi said that leprosy was on the increase in Asia and Africa, and therefore early check of all employees and students was essential

CSO: 5400/5980

NEW STRAINS OF MALARIA REPORTED

Lahore VIEWPOINT in English 6 May 82 p 32

[Text] **Malaria – Deadly new forms and deadly increase?**

FROM Nairobi comes a reliable report that in at least 100 countries of the Third World malaria is creeping back in seemingly new and more deadly forms, and in Africa, tragically, the victims are mainly amongst children and pregnant mothers The new strains appear to be resistant to the so far accepted anti-malarial drugs.

In the 1960s the WHO had hoped to eradicate malaria completely – the compaign was moderately successful. However, in the seventies it was observed that the number of victims began to rise steeply, not only in Africa but in other countries of the Third World. Onwards into the seventies the number of cases actually doubled, and in the late seventies there were 800 million infections and over one million deaths

The WHO and FAO have refuted the view of certain scientists that massive use of chemicals, including DDT on crops has produced drug-resistant strains in malarial parasites.

The newer strains are far deadlier than the old, hitherto unknown. Malarial parasites known in the past lay dormant in the liver, bringing about recurring attacks of the fever. However the new strains invade the red blood cells causing total congestion in internal organs, bringing about rapid death – sometimes within 24 hours. One million African children are believed to have died, succumbing to these new, deadly strains. Work on the search for new immunity is unfortunately still in the experimental stage.

CSO: 5400/5980

CEREBRAL MALARIA CASES, DEATHS REPORTED

Johannesburg THE CITIZEN in English 20 May 82 p 9

[Text] ALTHOUGH two Whites had died from cerebral malaria a fortnight after they visited the malaria belt in the Eastern Transvaal, a third patient, who also contracted cerebral malaria, could be discharged from hospital this weekend.

He has received intensive treatment at the Johannesburg Hospital since the 5th of this month and it has proved entirely successful.

A hospital spokesman said the names of the patients would not be made public. They were being withheld at the request of their families.

No further cases of cerebral malaria in the Kruger National Park have been reported to the Department of Health in Pretoria nor does it expect them to be, a spokesman for the department told The Citizen.

"Such cases are not usually reported to us," he explained yesterday.

"When the latest cases were brought to our attention we took the opportunity of warning visitors not to assume that they were safe from mosquitoes in the winter months or that anti-malaria precautions could be neglected.

"It cannot be taken for granted," he said.

There were no statistics for what proportion of cerebral malaria cases proved fatal but it should be viewed as a killer disease, the spokesman added.

"All visitors to a malaria area like the Kruger Park are equally susceptible and should take strict precautions before, during and after their stay."

Living quarters should be made mosquito-proof. Doors should be screened and the room sprayed with an effective insecticide.

Visitors should sleep under mosquito nets large enough to cover the whole bed and rub a mosquito repellent into their face and hands before going to bed.

If they go out of doors after sunset they should make a point of wearing long trousers, long-sleeved shirts and ankle boots.

During the malaria season, which included the winter months, visitors should take prophylactic drugs in the form of tablets for adults and syrup for children, the Department of Health spokesman said.

These could be obtained without a prescription.

They should be taken first before entering the malaria area, then throughout the course of the stay and finally for four to six weeks after leaving.

"And if the worst happens and a visitor to the park thinks he has developed any of the malaria symptoms, he should lose no time in going to a doctor, having the sickness identified and taking a blood test," the spokesman said.

CSO: 5400/5989

SHARP RISE IN CHOLERA CASES

Johannesburg THE CITIZEN in English 20 May 82 p 10

[Text] THERE was a dramatic rise in the number of cholera cases admitted to hospitals serving Blacks in the Johannesburg region during the first four months of this year.

The MEC in charge of hospital services, Dr Servaas Latsky, told the Transvaal Provincial Council yesterday that between January and April this year, nine people suffering from cholera had been admitted to the Hillbrow Hospital and eight to Baragwanath.

Replying to a question from Mr Sam Moss (PFP, Parktown), Dr Latsky said that during the whole of 1981 only three cholera patients had been admitted to Baragwanath and only one to Hillbrow.

A total of seven Transvaal Provincial hospitals which had not treated any cholera patients last year admitted their first such patients this year, while four hospitals which had previously treated cholera patients did not admit any during the first four months of the year.

But during the same period a total of 236 beds were commissioned or recommissioned in the Transvaal.

These were at the Andrew McColm (18 beds); Hillbrow (74 beds); Kalafong (90 beds); Natalspruit (12); Standerton (five beds) Sybrand van Niekerk (five beds) and Vereeniging (32 beds) Hospitals.

CSO: 5400/5989

BRIEFS

ANTI-CHOLERA MEASURES--Seoul, 12 May (YONHAP)--The Korean Health-Social Affairs Ministry Wednesday instructed quarantine stations and public health centers across the country to strengthen preventive measures against cholera. A ministry official said such moves are necessary in light of the fact that Japan and Hong Kong have experienced recent cases of cholera. According to the official, all travelers arriving in Korea from Thailand or Malaysia, where cholera can occur, must undergo a feces examination before clearing immigration. The ministry will also strengthen anti-cholera measures in domestic areas where outbreaks have been recorded in the past. [Text] [SK120238 Seoul YONHAP in English 0222 GMT 12 May 82]

CSO: 4120/267

WHOOPING COUGH EPIDEMIC CONCERNS PHYSICIANS

Stockholm DAGENS NYHETER in Swedish 3 Apr 82 p 10

[Article by David Finer]

[Text] "We are going to apply for permission to test a British whooping cough vaccine on between 1,000 and 2,000 infants in Stockholm. If our request is approved, we can have the results ready by the end of summer. If the vaccine is satisfactory, the Social Welfare Board can decide to import it and let Swedish physicians give it, under license, to newborn infants who are at risk."

So says Associate Prof Patrick Olin, chief physician at the Sachs Childrens Hospital in Stockholm. A meeting of all chief physicians concerned with children's health in Stockholm County was held yesterday. There was deep concern over the fact that Swedish children are not protected against whooping cough at a time when information from Great Britain indicates a definite rise in the number of cases this year.

As DAGENS NYHETER reported yesterday, Per Askelof, microbiologist at the SBL (National Bacteriological Laboratory), warned of the whooping cough situation at a Scandinavian meeting on vaccination that was held in Stockholm last Saturday.

He pointed out that Sweden is the only country that lacks an official recommendation on vaccination against whooping cough. At the same time, an epidemic that may claim the lives of several infants is anticipated this winter.

Per Askelof says: "I myself have small children, and I am really afraid of what may happen."

The background to the current situation is complicated. During the 1970's, the SBL manufactured a weak vaccine which barely provided even 50-percent protection but which produced milder forms of the disease.

Since the vaccine was so weak and the risk of side effects small but not negligible (permanent brain damage in 1 case out of about 300,000), the vaccine was withdrawn in the summer of 1979.

Per Askelof says: "Then we tried to import a British vaccine, but the Social Welfare Board considered it insufficiently documented and rejected our request in September 1979. After all, enough vaccine would have been supplied to meet Sweden's requirements for from 40 to 50 years, and there was no vaccine that had been better tested."

What worries Askelof is the experience in Japan and Great Britain, where vaccinations were also halted in the 1970's with disastrous results.

Children Died

"In Japan in 1974, 80 percent of the children were protected by whooping cough vaccine. There were 400 reported cases and no deaths. In 1976, the vaccination coverage had dropped to 15 percent. In 1979, there were over 13,000 cases, and 41 children died. Over 90 percent of the deaths occurred among unvaccinated children, and almost all the deaths involved children under 1 year of age.

"In Great Britain the vaccination coverage had dropped to 40 percent in 1976. In the epidemic of 1977-1978, there were more than 50,000 cases and 12 deaths."

When Sweden decided in 1979 to discontinue vaccinations, it was still not known what had happened in Japan and Great Britain. And now it is a bit late, says Askelof. He feels that we can expect a new epidemic this fall.

He says: "Whooping cough peaks every third or fourth year. We hit a peak in 1970 with 2,300 reported cases, followed by 2,700 in 1974 and a good 8,600 in 1978. We can therefore expect another peak in 1982.

"It is true that there is a clause on epidemics which states that vaccines can be imported in emergency situations during severe epidemics. But that may be too late. It takes 3 or 4 months to import the vaccine and vaccinate all children in the danger zone. I want to see to it that we have the vaccine and, preferably, begin vaccinating at least all children under 1 year of age as soon as possible. The protection does not last for more than 2 or 3 years, so no Swedish child is protected today."

Dr Margit Nordlander of the Social Welfare Board's Pharmaceutical Department in Uppsala feels that Askelof is exaggerating.

In no Hurry

"That is scare propaganda. We are in no hurry. If an epidemic occurs, we can think about importing the British vaccine. Besides, the cases of whooping cough that occurred over the past year were mild and could be handled with antibiotics.

"The Social Welfare Board is currently calling for documentation on various vaccines, and we will then decide whether to import or not. It should not be forgotten that the vaccine also has side effects. It is true that they are rare, but they are tragic for those concerned.

"We have never denied vaccine licenses for groups of Swedish children at risk--those with chronic illnesses, for example. And the British vaccine has been tested clinically here in Sweden."

Dr Patrick Olin, children's chief physician at the Sachs Childrens Hospital in Stockholm, confirms that the British vaccine has been tested, but the results have never been published. Only about 60 children took part, and none of them were actually infants.

Couple of Years Required

"That is why we want to test the same vaccine above all with younger children. The reason is that newborn infants can be regarded as 'children at risk' in precisely the same way as children with chronic illnesses.

"If the Social Welfare Board's Pharmaceutical Committee, the ethics committees, and other entities concerned say yes, perhaps we can have preliminary results by the end of summer. Then the Social Welfare Board can permit a general vaccination with the vaccine under license."

Associate Professor Olin says: "Another couple of years will probably be required before a new vaccine can be approved as a registered drug."

According to Per Askelof, it would take just as long for the SBL to produce a vaccine of its own. Work is currently underway to "copy" a Japanese whooping cough vaccine with few side effects.

"But the production department does not have the resources for producing a vaccine on a large scale. Our work will make up for the SBL's shortfall, but there will be no money left over for reinvestment in production activity. We will eventually be an independent vaccine institute, but we are not one today."

DAGENS NYHETER also reported yesterday that the use of gamma globulin has declined, with cases of jaundice and malaria rising as a result. One reason may be a statement by Prof Sten Iwarsson, a specialist in infectious diseases at the Eastern Hospital in Goteborg, who at last year's national medical convention urged travelers within Europe not to bother about the gamma globulin shot. Professor Iwarsson refused on Friday to comment to DAGENS NYHETER concerning that statement.

11798
CSO: 5400/2130

TANZANIA

BRIEFS

DYSENTERY INCIDENCE, DEATHS--Dysentery which broke out in the city of Dar es Salaam has already killed two people but steps to combat the disease have already been taken, the chief physician of Dar es Salaam Region, Dr Mtey, said yesterday in the city of Dar es Salaam. He said that this disease, which broke out in various parts of the city of Dar es Salaam and compelled the hospital in Muhimbili to set aside special wards for serving dysentery patients, results from uncleanliness in the environment exacerbated by dirty water and flies. He added that it is estimated that 250-300 people have already been the victims of this disease, which is similar to that which broke out recently on the Island of Zanzibar. He stated that the number of people who have become ill from this disease, which started in Temeke District and later spread to the School of Accounting and Ukonga and Kinondoni prisons, has been reduced as a result of various steps taken to confront it. [Text] [Dar es Salaam UHURU in Swahili 13 May 82 p 1]

DYSENTERY REPORTS--Micheweni District: Reports from Pemba say that a serious outbreak of dysentery has occurred for the first time in various areas of Micheweni District. According to a statement issued by the director of health and social welfare in Pemba, Ndugu Said Hamoud, 18 persons have so far been affected, 12 of them hospitalized. Reports say that one of those hospitalized died and five others were released. [Excerpt] [EA300212 Zamzibar Domestic Service in Swahili 1600 GMT 29 May 82]

CSO: 5400/5601

BRIEFS

SCHISTOSOMIASIS ERADICATION PROJECT--ITT Zambia, in conjunction with the Ministry of Health will soon launch a K40,000 research project aimed at eradicating snails which spread bilharzia. The money is part of K1 billion spent annually by ITT on research development programmes. The spokesman said the research would be carried out by a team of specialists from London headed by Mr Cyril Drake, chief research fellow with Standard Telecommunication Laboratories Limited and an official from the Ministry of Health. [Excerpt] [Lusaka TIMES OF ZAMBIA in English 7 May 82 p 7]

CSO: 5400/5985

BRIEFS

CATTLE DISEASE EPIDEMIC--Brahmanbaria, Apr 30--Hundreds of cattle died during past one month in different villages of Brahmanbaria police station following attack by an unknown disease. Reports said the first symptom was that the attacked animal becomes dumb and, in most of the cases, die within three or four hours. Farmers are passing frightful days since no preventive measure against the strange disease is still available. [Text] [Dacca THE NEW NATION in English 4 May 82 p 2]

CSO: 5400/7071

DANES SUSPECT GDR IS ORIGIN OF FOOT-AND-MOUTH DISEASE

Stockholm 7 DAGAR in Swedish 2 Apr 82 p 25

[Article by Mats Gezelius]

[Text] The first sick animal was discovered on Thursday 18 March on a farm in the little village of Brenderup on the Danish farming island of Fyn. A veterinarian was called in, and he quickly noted the typical symptoms:

Heavy salivation giving rise to smacking sounds, fever and some degree of lameness, and inflammation of the tongue, the inside of the lips, and the muzzle, as well as of the areas around the teats and hooves.

His diagnosis confirmed the farmer's fears: it was Aphthae epizooticae, or hoof-and-mouth disease.

All the animals on the farm were destroyed and buried immediately. Since then, thousands of calves, cows, and pigs--entire herds--have been destroyed and buried on the spot using bulldozers.

Entire villages have been isolated, and the children have been kept home from school.

Mail and food have been left at a safe distance from the farms, and no visiting has been allowed--not even by medical personnel.

Such tragic scenes remind one of the time of the Black Death.

Why are thousands upon thousands of prime slaughter animals being killed for having hoof-and-mouth disease--a disease that in any case runs its course in a couple of weeks?

Why doesn't Denmark--a country whose economy depends on agriculture--use the vaccines against hoof-and-mouth disease that exist and are used in most of Europe?

From GDR

Where did the infection come from, and how could it hit Denmark despite strict restrictions?

Goran Hugosson, who is an expert on hoof-and-mouth disease and teaches at the Institute of Veterinary Medicine in Uppsala, says: "Everything indicates that the disease is coming primarily from the GDR. It was probably spread through the air--the strictest restrictions are ignored by the wind.

"We now know for sure that the various viruses that cause the disease can be carried long distances in the air. Especially when it is cold, damp, and cloudy. So that is another reason for us to be thankful that spring has arrived."

But the glare of the springtime sun does not mean that Swedish farms are not in danger of being hit by the Danish disease. Hoof-and-mouth disease is extremely contagious. It is easily spread from one animal to another through milk or meat from infected animals, by humans, dogs, rats, poultry, migratory birds, objects from infected localities, automobiles, and so on.

Since no animals in either Sweden or Denmark are immunized against hoof-and-mouth disease, an epizootic (epidemic of hoof-and-mouth disease) would rapidly affect all animals. It is against that background that one must view the drastic measures introduced very quickly when the first case was discovered on Denmark's Fyn Island.

Most Survive

If the disease is allowed to develop, vesicles soon appear on the inflamed parts. They then burst and leave superficial sores. The animals lose their appetite and quickly lose weight. Their milk will also dry up at the same time.

But in general, all animals survive the acute phase, which lasts only a couple of weeks. The death rate among adult animals is no higher than 1 animal out of every 200.

But the animals would never become completely healthy again. Forever after, their growth would be stunted, reproduction would decline, and their susceptibility to various aftereffects would be high. That is what makes the disease so tremendously expensive to agriculture.

Hoof-and-mouth disease strikes all ruminants, but particularly cattle and swine. In large parts of Asia and Africa, it is widespread and stationary, but it has relatively little effect on the animals there compared to what it does to our highly bred and highly productive animals, which have long been protected from the infection.

In a country whose agriculture is highly technological and highly productive, the economic consequences of an epidemic of hoof-and-mouth disease would be enormous. So when the first infected animal was found on Fyn, the immediate reaction was to destroy and bury all of the farm's 39 animals. Since then, several thousand more cattle and swine have been destroyed.

Total Slaughter

As a rule, there are three ways to attack hoof-and-mouth disease when it does appear, says Goran Hugosson. There can be a total slaughter of all livestock. Or the infected stock can be slaughtered in combination with large-scale vaccination. Or the infected farms, villages, or regions can be placed in total isolation while the disease runs its course.

Denmark has chosen the first course of action to stop the infection quickly.

"That is the natural reaction to an infection. One must strike hard in the very beginning to stop the infection. But if that strategy does not have the desired effect very quickly, one must change strategies and either vaccinate or isolate. Because, of course, one cannot slaughter all the livestock."

That attitude is shared by the farmers on Fyn, who are demanding that all the animals on the island be immunized. But the Danish Ministry of Agriculture is unresponsive. Why?

For the individual farmer, a hoof-and-mouth infection is the worst thing that can happen. For Danish society as a whole, it may be better to slaughter a rather large percentage of the livestock than to immunize all the animals.

The reason is that even if it is immune to hoof-and-mouth disease, an immunized animal can continue to be a carrier of the disease for 2 or 3 years. If Denmark immunized its cows and pigs against hoof-and-mouth disease, the country would be regarded as permanently subject to that disease.

The reaction from many of the countries most important to Denmark's export trade would be to place a total ban on imports of fresh Danish meat for a number of years to come.

Another problem with immunization is that while it certainly protects against the specific viruses for which the vaccine is intended, the animals are still not totally immune to hoof-and-mouth disease.

The disease is caused by a great number of viruses. They are usually divided into seven main groups, of which three occur in Europe: "O", "A," and "C." The "O" type is the most common, and it is a virus of the "01" type that has now hit Denmark.

Sweden's preparedness program for hoof-and-mouth disease is contained in a statute over 50 pages long. It specifies how the authorities, the police, Customs, the National Board of Agriculture, veterinarians, and so on are to proceed.

Since Sweden is not as dependent on agricultural exports as Denmark is, it has somewhat more freedom to choose its weapons for the fight if the infection should spread to this country. If the attempts to stop the infection at the Sound fail, the first countermeasures would be the same as those in Denmark--destruction and burial of the animals in special graves on the site and strict regulations concerning isolation and sanitation.

11798
CSO: 5400/2130

FOOT-AND-MOUTH DISEASE SPREADING ON FYN

Stockholm DAGENS NYHETER in Swedish 7 Apr 82 p 12

[Article by Thomas Jonsson]

[Text] Copenhagen, Tuesday--Hoof-and-mouth disease struck again on Fyn Island on Tuesday, and 158 animals have been killed on two farms. Danish authorities are now urging all Fyn residents to stay home over the Easter weekend.

People traveling to Denmark are being urged not to stop on Fyn.

The two new cases on Tuesday were the 13th and 14th since hoof-and-mouth disease first struck Denmark on 18 March.

A total of 3,482 cattle and swine on the farms hit by the disease have now been slaughtered because of the emergency.

The new cases occurred in Ferritslev and Ullerslev in the southeastern part of Fyn. Hoof-and-mouth disease has so far stayed within a 15-kilometer radius.

The danger that the infection will spread increases markedly as each new farm is hit by the disease.

Erik Stougaard, head of the National Veterinary Directorate, said on Tuesday: "This has been absolutely more than we counted on.

"But the cases of the disease are so concentrated on Fyn that we still feel that we have the situation under control."

Quarantine

But the authorities are now putting all of Fyn under something like a quarantine. People are being urged to stay home over the Easter weekend. It is doubtful whether athletic clubs on the island will send teams to the traditional Easter competitions that are held all around the country.

Organizers of various kinds all over Denmark are being advised not to organize gatherings of people.

Tuesday's new cases of the disease have given new impetus to demands that the livestock on Fyn be immunized. But Minister of Agriculture Bjorn Westh reiterated on Tuesday his earlier refusal to immunize--injections will be started only if the EC countries halt their imports of Danish meat.

It is expected that immunization against hoof-and-mouth disease will harm Danish meat exports for many years to come. Immunized animals are regarded as carriers by countries--among them Sweden--which completely eliminated hoof-and-mouth disease long ago.

But there are signs that the EC may also begin to hesitate to buy Danish meat.

Import Ban

On Tuesday, West German Minister of Agriculture Josef Ertl received a strong demand for an import ban from farmers in the border state of Schleswig-Holstein. They are afraid that hoof-and-mouth disease will enter through the border stations along the frontier with Denmark.

11798
CSO: 5400/2130

AUTHORITIES REFUSE TO VACCINATE FOR FOOT-AND-MOUTH DISEASE

Stockholm DAGENS NYHETER in Swedish 8 Apr 82 p 5

[Article by Thomas Jonsson]

[Text] Copenhagen, Wednesday--The 15th case of hoof-and-mouth disease was discovered on Fyn Island on Wednesday morning. But the Danish Ministry of Agriculture still does not want to start vaccinating, since that would harm Danish meat exports for a long time to come.

The new case of the disease--the third in 24 hours--occurred on a farm in Gudme in the vicinity of the farms where all the previous cases of hoof-and-mouth disease have been found. It was necessary to slaughter 209 pigs and cows on Wednesday.

Veterinary officials are pessimistic.

Erik Stougaard, head of the National Veterinary Directorate, noted on Wednesday: "Now we are expecting damp weather for Easter, and that may increase the danger of the spread of the infection between farms."

Following an emergency meeting on Wednesday afternoon with the authorities concerned, Minister of Agriculture Bjorn Westh announced that there are still no plans to vaccinate livestock on Fyn Island.

"The situation is not explosive," said Westh. "The infection has not spread beyond Fyn."

The government is now thinking of compensating the affected farmers for their operating losses due to the disease as well as for the value of the animals slaughtered in this emergency.

So far, 3,691 animals valued at a good 11 million Danish kroner have been slaughtered as a result of the attack of hoof-and-mouth disease.

11798
CSO: 5400/2130

FOOT-AND-MOUTH DISEASE NOW CONFIRMED ON SJAELLAND

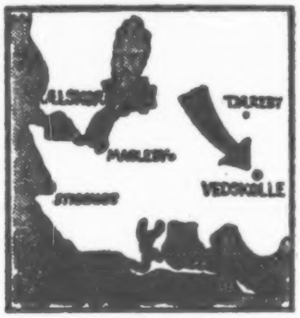
Copenhagen BERLINGSKE TIDENDE in Danish 5 May 82 p 1

[Article by Anders Wiig]

[Text] Last night a confirmed case of hoof-and-mouth disease was found on Sjaelland. Just as veterinary authorities were hoping the feared cattle disease had been halted with the last outbreak on Fyn, since the incubation period had expired, the disease cropped up in a herd near Skaelskor.

At 1700 hours, the State Veterinary Institute for Virus Research on Lindholm Island received samples from the herd of farmer Jens Sorensen of Vinagergard in Vedskolle, east of Skaelskor. The samples were sent by district veterinarian Erhardt Frederiksen of Ringsted. It took the institute only 2 hours to analyze the samples and confirm the suspicion that hoof-and-mouth disease now exists on Sjaelland too.

At 1900 hours, the district veterinarian reported the outbreak to the police station in Slagelse. There, police superintendent Erik Jensen immediately blocked off Vinagergard which is located on Vinagergardsvej in Vedskolle, 6 kilometers east of Skaelskor.



The arrow shows the location of the confirmed outbreak on Sjaelland.

Access to the farm and the immediate vicinity was restricted by means of signs. At the same time the municipality was informed and asked to provide a suitable spot for burial of the 60 hoofed animals which were slaughtered on the farm last night. This was done by a local butcher in cooperation with Falck's Rescue Corps which provided a force of 10 men in protective clothing and set up emergency lights on the farm. No information was available last night concerning how the suspicions arose. The new outbreak is probably due to infection from recent hoof-and-mouth cases in East Germany. Minister of Agriculture Bjorn Westh said last night that vaccination is not being started.

On Tuesday evening he asked butchers on Sjaelland and Lolland-Falster to stop accepting animals for slaughter starting Wednesday.

6578
CSO: 5400/2148

AUTHORITIES THINK SJAELLAND FOOT-AND-MOUTH DISEASE FROM GDR

Copenhagen BERLINGSKE TIDENDE in Danish 6 May 82 p 3

[Article by Jens Trudso]

[Text] Veterinary authorities think it probable that the latest outbreak of hoof-and-mouth disease was brought to Sjaelland on winds blowing from East Germany.

District veterinarian Erhardt Frederiksen of Ringsted, who discovered that a heifer in a herd at Vinagergard in Vedskolle, east of Skaelskor, was suffering from the disease, said last night to BERLINGSKE TIDENDE that no information had come to light on Wednesday that indicated any other possibility for the spread of the disease.

The outbreak of hoof-and-mouth disease was discovered so early that it is possible this herd produced only a limited amount of the virus.

But veterinary director Erik Stougaard said yesterday that the humidity in the air and the weather we now have make it possible for hoof-and-mouth disease to survive for long periods.

Yesterday, slaughterhouses on Sjaelland halted all slaughtering operations until Monday. Slaughterhouses in Nykobing Falster, Vordingborg, Ringsted, Holbaek, Slagelse, Frederikssund and Copenhagen normally slaughter around 50,000 pigs a week, but the ban on slaughtering will not cause any great meat supply problems on Sjaelland for the moment, according to the slaughterhouse association, ESS-Food.

The observation area around Vedskolle is primarily a crop-production area. There is almost no cattle raising and several farms have no animals at all, according to pig-breeding consultant Kjeld Petersen of the Skaelskor District Farm Association.

Swedish veterinary authorities are concerned that hoof-and-mouth disease has come closer to them with the outbreak on Sjaelland.

Many Swedes came to the Danish-Swedish national soccer match in Idraets Park in Copenhagen last night and like other Swedes visiting Denmark, they were instructed to keep away from cattle and farm properties.

After consultations with the district veterinarian in Nykobing Falster, the Naestved Kayak and Canoe Club decided to call off the Susa race on Saturday, 8 May due to the spread of hoof-and-mouth disease to Sjaelland.

Instead they are planning to hold the Susa race on 11 September.

The Danish Horsemen's Society has decided to call off all national and regional contests for horses and ponies temporarily, for the period ending 24 May.

District competitions can still be held for horses and carriages coming from the district in question. Horses and carriages from the isolation area will not be allowed to compete in riding competitions outside the area.

6578
CSO: 5400/2148

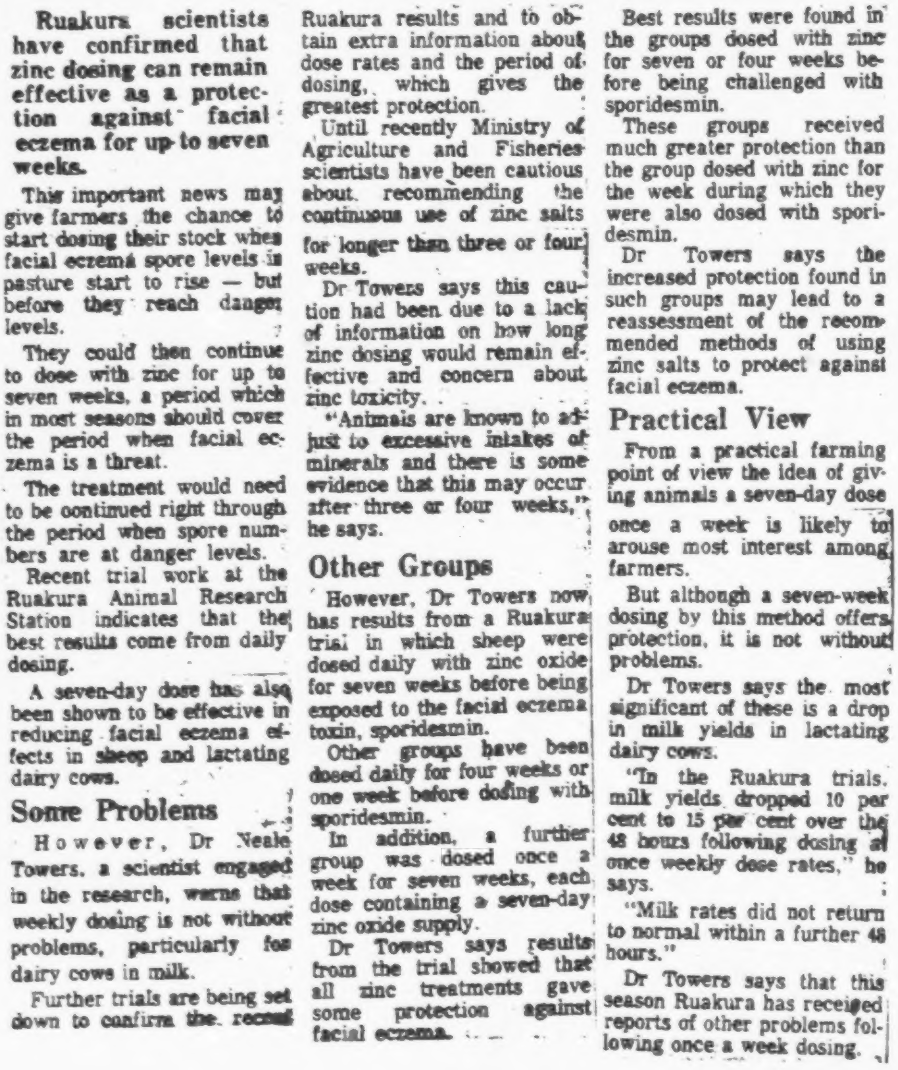
BRIEFS

FOOT-AND-MOUTH QUARANTINE--The GDR Ministry for Agriculture, Forestry and Foodstuffs announced in a status report on foot-and-mouth disease that effective 7 May the quarantine in Ribnitz-Damgarten Kreis and in Stralsund Kreis will be generally lifted. Beginning on that date entry into and exit from these regions will again be allowed. The Darss/Zingst Peninsula and some villages in Ribnitz-Demgarten, Stralsund and Grimmen Kreise previously affected by hoof and mouth disease will remain under quarantine. Highway number 105 is blocked in the village of Karnin, Stralsund Kreis, and traffic is being rerouted. [Text] [DW061109 East Berlin Domestic Television Service in German 1730 GMT 5 May 82]

CSO: 5400/2152

LONGER ZINC DOSING PERIOD EFFECTIVE AGAINST FACIAL ECZEMA

Auckland THE NEW ZEALAND HERALD in English 16 Apr 82 p 10



[Text] **Ruakura scientists have confirmed that zinc dosing can remain effective as a protection against facial eczema for up to seven weeks.**

This important news may give farmers the chance to start dosing their stock when facial eczema spore levels in pasture start to rise — but before they reach danger levels.

They could then continue to dose with zinc for up to seven weeks, a period which in most seasons should cover the period when facial eczema is a threat.

The treatment would need to be continued right through the period when spore numbers are at danger levels.

Recent trial work at the Ruakura Animal Research Station indicates that the best results come from daily dosing.

A seven-day dose has also been shown to be effective in reducing facial eczema effects in sheep and lactating dairy cows.

Some Problems

However, Dr Neale Towers, a scientist engaged in the research, warns that weekly dosing is not without problems, particularly for dairy cows in milk.

Further trials are being set down to confirm the recent Ruakura results and to obtain extra information about dose rates and the period of dosing, which gives the greatest protection.

Until recently Ministry of Agriculture and Fisheries scientists have been cautious about recommending the continuous use of zinc salts for longer than three or four weeks.

Dr Towers says this caution had been due to a lack of information on how long zinc dosing would remain effective and concern about zinc toxicity.

"Animals are known to adjust to excessive intakes of minerals and there is some evidence that this may occur after three or four weeks," he says.

Other Groups

However, Dr Towers now has results from a Ruakura trial in which sheep were dosed daily with zinc oxide for seven weeks before being exposed to the facial eczema toxin, sporidesmin.

Other groups have been dosed daily for four weeks or one week before dosing with sporidesmin.

In addition, a further group was dosed once a week for seven weeks, each dose containing a seven-day zinc oxide supply.

Dr Towers says results from the trial showed that all zinc treatments gave some protection against facial eczema.

Best results were found in the groups dosed with zinc for seven or four weeks before being challenged with sporidesmin.

These groups received much greater protection than the group dosed with zinc for the week during which they were also dosed with sporidesmin.

Dr Towers says the increased protection found in such groups may lead to a reassessment of the recommended methods of using zinc salts to protect against facial eczema.

Practical View

From a practical farming point of view the idea of giving animals a seven-day dose once a week is likely to arouse most interest among farmers.

But although a seven-week dosing by this method offers protection, it is not without problems.

Dr Towers says the most significant of these is a drop in milk yields in lactating dairy cows.

"In the Ruakura trials, milk yields dropped 10 per cent to 15 per cent over the 48 hours following dosing at once weekly dose rates," he says.

"Milk rates did not return to normal within a further 48 hours."

Dr Towers says that this season Ruakura has received reports of other problems following once a week dosing.

Large Herds

In a few instances one or two cows from large herds have required veterinary treatment 24 hours after weekly zinc oxide dosing.

The problems have not showed in the Ruakura trials, these having been conducted with relatively few animals.

Dr Towers says it is not certain that the problems reported were due to zinc dosing, but farmers should be cautious about adopting once-weekly zinc oxide dosing as a protection procedure for milking cattle.

CSO: 5400/9084

BRIEFS

SHEEP PNEUMONIA VACCINE--Wellington (PA)--Scientists have made a breakthrough in the prevention of a pneumonia strain affecting lambs which costs the sheep industry up to $12 million a year. Ministry of Agriculture and Fisheries researchers said they had developed a vaccine which heavily reduced the incidence of enzootic pneumonia--the first successful vaccine in this field developed anywhere in the world. The disease, which affects lambs mainly in February and March, costs the industry between $7 and $12 million a year in lost production. On some farms up to 60 per cent of lambs are affected, and deaths can be as high as 15 per cent. The ministry's new vaccine reduced incidence of the disease by 50 per cent in trials in Northland this year according to Dr Hugh Davies, a scientist at the Wallaceville Animal Research Centre. "Its is the first successful vaccine in the area of sheep pneumonia anywhere in the world, so from that point of view it is a breakthrough," said Dr Davies. It would be some years before the vaccine would be available commercially, he said. [Text] [Christchurch THE PRESS in English 8 Apr 82 p 30]

CSO: 5400/9085

GOVERNMENTS URGED TO ERADICATE LIVESTOCK DISEASES

Kaduna NEW NIGERIAN in English 30 Apr 82 p 9

[Article by Aliyu Modibbo]

[Text]

BETTER standards of animal health and husbandry amongst cattle as well as other species of livestock can not be obtained unless concerted efforts are made by all governments to eradicate rinderpest and other contagious cattle diseases.

The Kaduna State Commissioner for Animal and Forest Resources, Alhaji Lawal Sani Zangon Daura made this remark yesterday while opening the Annual National Co-ordination Committee meeting of the Federal Livestock Department, Epidemiology units at Durbar Hotel, Kaduna.

Alhaji Lawal Sani Zangon Daura said the hazards of livestock diseases have been causing heavy economic loss to the livestock owners as well as incurred greater loss of quality food to the nation especially in the requirement of animal protein.

He said the campaign on the dangers of the livestock diseases must be carried out in the rural areas, adding that the successes depended largely on the provision of personnel, scientific equipment and supervision.

Alhaji Lawal stated that Kaduna State being one of the livestock producing areas in the country was contributing its quota in the development of livestock health and production.

He announced that during the second and third national development plans, the state government had built seven new veterinary centres, three veterinary hospitals, 30 new veterinary clinics and 19 cattle dips.

He announced that the government paid about 62,733 Naira as compensation to the herds' owners who were affected by the government "compulsory herd slaughter policy" to control nine outbreaks of rinderpest in 1980.

In his speech, the Director of Federal Livestock, Department, Dr. K.B. David West said cattle played a significant role in the economy of the country and control of cattle and other livestock diseases demanded high priority at all levels of governments' programmes.

He said that governments were experiencing an increase in the incident of cattle diseases in the country. He said the phenomena required more concerted efforts on the parts of all governments to control the situation.

CSO: 5400/5992

BRIEFS

FOOT-AND-MOUTH DISEASE ALERT--Malmo, Tuesday--Swedish authorities are now intensifying precautions against hoof-and-mouth disease, and veterinarians in Malmohus County are starting a 24-hour service. This is partly because of the continuing spread of the epizootics in Denmark and the GDR and partly because of the upcoming Easter weekend, when a large increase in the flow of travelers to and from both the affected countries is expected. Every traveler passing through the present customs stations now receives a brochure prepared by the National Board of Agriculture and containing information, advice, and instructions. In addition, the district veterinarians in Malmohus County, which is naturally the prime danger zone, have stepped up their preparedness by starting a so-called backup service, according to what DAGENS NYHETER was told by County Veterinarian Sven Otterlin, who himself has also started a 24-hour service. He has also advised dairies, slaughterhouses, and feed companies to tighten up their hygienic measures, and none of them is to visit stables unnecessarily. If the infection reaches Sweden despite the precautions, the authorities are prepared to strike lightning fast. An isolation zone with a radius of from 2 to 5 kilometers will be set up around the affected livestock. And in addition to the purely veterinary measures, dairies will be ordered to raise their milk pasteurization temperature from the normal 72° to 80° to be absolutely sure of preventing the infection from being spread in that way. [Text] [Stockholm DAGENS NYHETER in Swedish 7 Apr 82 p 12] 11798

CSO: 5400/2130

BRIEFS

FOOT-AND-MOUTH DISEASE--Minister of State for Agriculture and Water Development Mr Noah Delamono has said his ministry has successfully controlled the spread of foot and mouth disease in the southern province. Mr Delamuno said the disease had been subdued and only a blanket cover, the third and final vaccination of animals was remaining. [Excerpt] [CA010152 Lusaka Domestic Service in English 0500 GMT 31 May 82]

CSO: 5400/5602

GOVERNMENT CRITICIZED FOR INACTION IN FIGHTING LOCUST PLAGUE

Perth THE WEST AUSTRALIAN in English 14 Apr 82 p 26

[Text] Locusts are in plague proportions at Gnowangerup, but the Agricultural Protection Board is refusing to take action against them.

The chairman of the APB, Mr Neil Hogstrom, said yesterday that the board would act only if crops were at risk.

"We recognise that there is a plague of locusts in the district but the insects are eating only unseasonal summer pasture," he said.

"The pasture and the grasshoppers were brought on by the heavy January rains creating an unseasonal problem.

"If the problem still exists in spring when crops will be in danger the board will initiate controlled chemical spraying.

"It costs the board--and therefore the taxpayer--$8 a hectare to spray paddocks.

"For green pasture which does not normally grow at this time of the year that kind of expense is not justified."

But the MLA for Roe, Mr Geoff Grewar, said yesterday that farmers feared for their spring crops unless immediate action was taken.

"They are concerned that, if the locusts are allowed to go on breeding, plague proportions reached in spring could be horrendous," he said.

Mr Grewar said that the APB should spray at least the isolated locust breeding spots.

This should significantly reduce numbers without putting the Government to great expense.

The Gnowangerup Shire Council said yesterday that the APB had refused to recognise the locust problem.

The shire clerk, Mr Peter Bennett, said that the problem had existed for about five weeks and much green stock feed had seriously been damaged.

CSO: 5400/7551

BRIEFS

THAI BINH DROUGHT, PEST INFESTATION--To date 5th month-spring rice on 58,000 hectares in Thai Binh Province has blossomed. This rice, however, has been affected by drought on 17,000 hectares and by insects and blight on 19,000 hectares. The province has decided to use three-fourths of its electric output to combat drought and mobilize all sources of insecticide to eliminate insects in an effort to protect this rice. [BK190939 Hanoi Domestic Service in Vietnamese 1430 GMT 15 May 82 BK]

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END

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14 June 1982

Worldwide Report

EPIDEMIOLOGY

No. 282

FBIS FOREIGN BROADCAST INFORMATION SERVICE

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EPIDEMIOLOGY

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BRIEFS

DANISH MINISTER WANTS GDR COOPERATION--Danish Agriculture Minister Bjorn Westh is considering having the EEC Commission make another attempt to establish a cooperation agreement with East Germany covering the reporting and combatting of foot-and-mouth disease. The minister announced this in a reply to the Folketing Agriculture Committee. Up to now the GDR has refused to negotiate with the EEC Commission's Veterinary Department, said Bjorn Westh, who wants attempts to be made to extend cooperation with the East European countries in the veterinary field. The GDR is not a member of the UN Agriculture Organization, the FAO, and the East Germans are not therefore required to supply virus samples to the English Virus Institute in Pirbright for precise classification. But through both the Foreign Ministry and Veterinary Directorate Denmark has requested the GDR to produce such a sample. Bjorn Westh added that the FAO intends to discuss the matter with the East Germans. [Excerpt] [PM190903 Copenhagen AKTUELT in Danish 11 May 82 p 5]

CSO: 5400/2156

FIGHT AGAINST LEPROSY REACHES CRUCIAL POINT

Paris AFRICA AFP in English 4 May 82 pp 1, 2

[Article by Bernard Degioanni]

[Text] YAOUNDE - The fight against leprosy has reached an important turning-point which should lead to the disease being completely wiped out in Africa by the year 2000.

Africa has an estimated 15 million lepers.

Two hundred leprosy specialists who attended a meeting here for one week at the end of April believe this ambitious aim will be realised owing to two new antibiotics which are being used.

But medical experts working with the Geneva-based World Health Organisation (WHO) have always maintained that the cost of their manufacture, as well as their possible side effects, could upset the whole course of current leprosy treatment, usually carried out by one main drug.

This pill "Disulone" or "Dapsone" has always had a double advantage. It is easily administered - the patient just has to take one pill daily - andit is inexpensive.

This means that the leper can easily treat himself at home, in an isolated hut in the bush, with a medical team visiting him once monthly.

But there has been growing resistance to this pill in Africa, and specialists query its usefulness if it is not taken together with the two new antibiotics - "Pifadin", already used against tuberculosis, and "Clofozimin" or "Lamprene".

A spokesman at the headquarters of the Organisation Coordinating the Fight against Endemic Diseases in Central Africa (OCEAC) pointed out here : "By sticking only to Disulone we are harming efforts made over the past 30 years which have cut down leprosy cases by two-thirds".

The essential recourse to the two new antibiotics, whose efficiency is recognised by most specialists, raises, numerous problems about applying them.

There is the question of side-effects, for instance.

The new antibiotics cannot be given to expectant mothers in the first three months of pregnancy, nor to patients also suffering from liver or kidney ailments.

Their wide use would therefore mean the presence of qualified medical staff.

In addition, owing to their high cost, charitable associations would have to give their financial help and in turn doctors would be called on to see the patient was taking the medecine as prescribed.

Medical Control

The OCEAC spokesman pointed out that this medical control was not necessary for the "Disulone" pill.

OCEAC considers that a new change in leprosy treatment is more than ever necessary in view of the fact that an efficient vaccine against Leprosy is still a long way off.

But OCEAC points out that at present 80 per cent of leprosy cases are cured.

Experts here said that surgery can also be used to treat certain physical deformities resulting from leprosy.

"Such operations are simple ones and can be done at most surgeries in Africa", one expert said.

The experts noted that leprosy is most widespread in those areas where elementary hygiene rules are ignored.

While the way in which leprosy spreads is still not completely understood, experts believe that it is transmitted "from person to person".

CSO: 5400/5986

DEADLY FORM OF DENGUE FEVER THREATENS NORTH QUEENSLAND

Canberra THE AUSTRALIAN in English 26 Apr 82 p 9

[Article by Joe Begley]

[Text]

QUEENSLAND health authorities fear that a fatal form of dengue fever could break out in the State's north, possibly killing hundreds of people.

The killer variety of the disease is known as dengue hemorrhagic fever. It is responsible for the death of about 50,000 Asians a year.

The health authorities estimate that up to $5 million would have to be spent over five years to remove its threat to Australia.

The senior entomologist with the Queensland Institute of Medical Research, Dr Brian Kay, described dengue hemorrhagic as "an international traveller".

He said: "It can strike almost anywhere in the world. All you would need is to get one person coming back from an Asian holiday who is carrying it and capable of passing it on to mosquitoes."

There is already a mild epidemic of dengue fever in northern Queensland. The first case of the disease in Australia since 1955 was notified in April last year.

The biggest outbreak has been on Thursday Island, off the northern tip of Cape York Peninsula where there have been 300-400 cases.

There have also been cases reported from other Torres Strait islands, and in the north Queensland centres of Innisfail, Mossman, Townsville and Cairns.

Dr Kay said that in the last dengue fever epidemic in 1953-55 there were 15,000 cases in Townsville. About one-third of the population was affected.

The disease was mainly carried by a type of mosquito known as aedes aegypti.

Dr Kay said recent studies had shown that up to 50 per cent of houses in Townsville were infested with aedes aegypti. Parts of Cairns were also infested and the potential for a major epidemic was significant.

With the threat of dengue hemorrhagic being introduced it was urgent for mosquito eradication programs to be started.

If an epidemic occurred on the same scale in Townsville as in 1953-55, more than 30,000 people would contract the disease.

In the event of the dengue hemorrhagic variety being present it would require a mortality rate of only 1 per cent for 300 people to die. "Can you imagine, for instance, what that would do to the tourist economy?", Dr Kay said.

"Potentially, the present situation could develop into something very nasty. It has got to be nipped in the bud.

"The dengue fever problem is a predictable one. It is totally preventable — it should never have happened.

"Local authorities and health authorities became lax and believed it could not happen again.

"The solution is to get rid of the dengue fever mosquito through eradication programs.

"It has been introduced into Australia and breeds principally in habitats created by man, such as rainwater tanks, drums, tin cans and pot plant bases.

"What is required is a big exercise in which a large team of trained people upturn Queensland to eradicate the mosquito and its breeding areas. This would involve stimulating action and co-operation by local authorities and the public.

"It's a fairly simple procedure, but it takes organisation and money."

Dr Kay said Queensland and Texas were now the only two locations in first world countries where dengue fever remained.

RETICULATED

The disease was largely a problem of underdeveloped countries which did not have reticulated water supplies or adequate health services.

Queensland's Minister for Health, Mr Austin, has also warned that the State is in the grip of a Ross River virus epidemic.

Unlike dengue fever, Ross River virus is transmitted by most species of mosquitoes, and occurs throughout Australia each year.

In 1979, Ross River virus was labelled as "one of Australia's chief exports" when it was transmitted overseas by air travellers and swept through the South Pacific region, affecting as many as 100,000 people.

CSC: 5400/7555

SYDNEY TO HAVE THREE SUBMARINE SEWAGE TUNNELS OFF COAST

Sydney THE SYDNEY MORNING HERALD in English 23 Apr 82 p 3

[Article by Joseph Glascott]

[Text] After completing seabed geological tests, the Sydney Water Board yesterday gave the go ahead for a $100 million project for three submarine sewage outfall mains off the Sydney coast.

The program will begin at the end of next year, after detailed planning, with work on the first ocean tunnel from Malabar.

A spokesman for the board said work on two other seabed tunnels from North Head at Manly and from Bondi would begin in succeeding years.

The present estimate of more than $100 million will probably rise with inflation to almost $200 million.

Unless the State Government decides to give the board a special loan allocation for the work, it will mean increased water rates for all Sydney householders.

Because the Water Board's loan-raising allocation has been cut, it will have to finance the project from revenue or reserves, other State authorities said yesterday.

The tunnels will carry Sydney's sewage out to sea to counter beach and foreshore pollution.

The Malabar tunnel will be 3.3km long, the North Head tunnel 3.5km and the Bondi tunnel 2.1km.

The submarine outfalls are expected to be completed by 1990 if money continues to be available.

Drilling tests carried out in the past year by the giant English engineering company, Wimpey, with its vessel the MV Geodrill, proved that the tunnels will go through four ages of rock under the seabed.

The tunnelling project will employ more than 260 men.

Drilling crews of about 10 men operating around the clock will work up to 120 metres below the ocean surface. In some areas they will work in 80 metres of water and 40 metres under the seabed.

Special probing drills will go ahead of the crews to test the undersea rock for faults to protect them from possible flooding.

A spokesman said the board also was spending more than $50 million on a primary treatment plant at the North Head sewerage works which now discharge raw sewage. Already about $30 million has been spent on this plant.

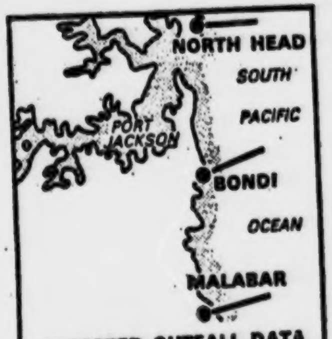
He said the board had decided to start at Malabar because this plant already served the largest population (more than one million people in the southern and western suburbs) and had by far the largest industrial waste load.

The North Head outfall serving 970,000 people north of the Parramatta River and west to Blacktown would be next.

The Bondi outfall, serving 209,000 people in the inner city, the eastern suburbs and some of the inner western suburbs, would follow.

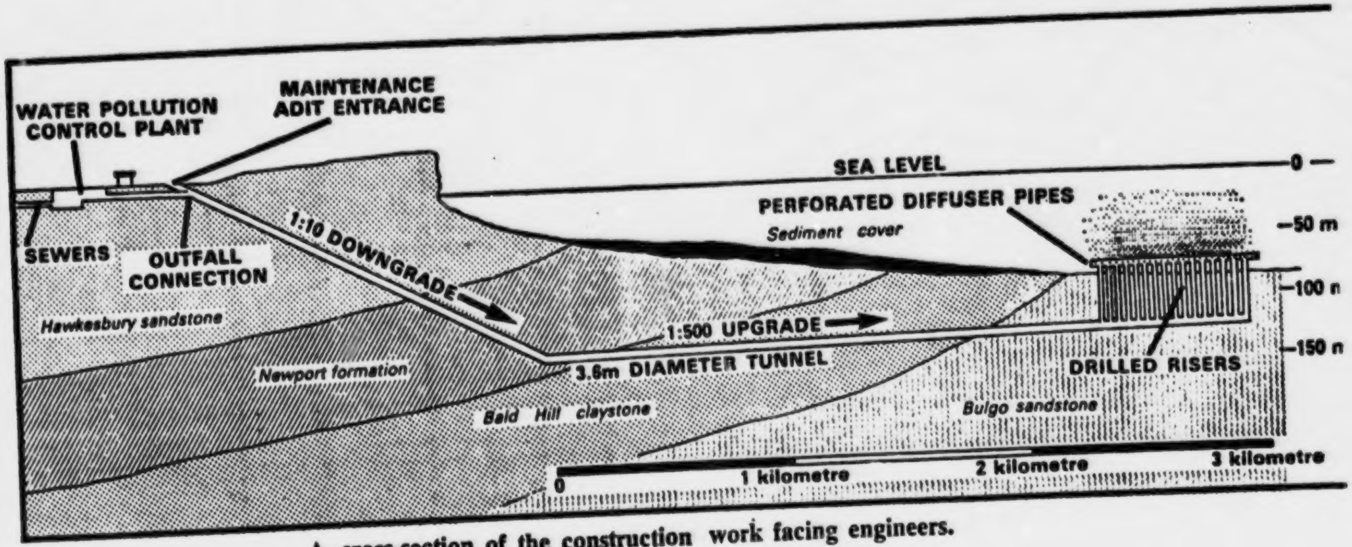
The average daily discharge from the three systems will be about 900 megalitres.

The spokesman said the ocean outfalls would be more than four times cheaper than alternatives such as pumping effluent over the Blue Mountains to the inland.


NORTH HEAD
PORT JACKSON
SOUTH PACIFIC OCEAN
BONDI
MALABAR

EXPECTED OUTFALL DATA

LOCATION	OUTFALL LENGTH (m)	APPROX WATER DEPTH AT DIFFUSERS (m)
NORTH HEAD	3400	48
BONDI	3400	62
MALABAR	3100	74


WATER POLLUTION CONTROL PLANT
MAINTENANCE ADIT ENTRANCE
SEWERS
OUTFALL CONNECTION
1:10 DOWNGRADE
SEA LEVEL
0
PERFORATED DIFFUSER PIPES
Sediment cover
-50 m
-100 m
-150 m
1:500 UPGRADE
3.6m DIAMETER TUNNEL
DRILLED RISERS
Hawkesbury sandstone
Newport formation
Bald Hill claystone
Bulgo sandstone
0
1 kilometre
2 kilometre
3 kilometre

A cross-section of the construction work facing engineers.

CSO: 5400/7555

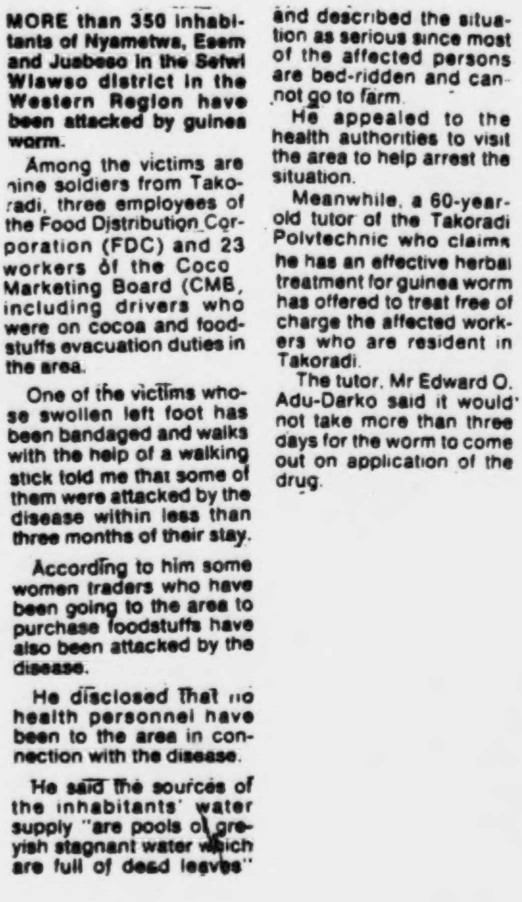
VICTIMS FROM GUINEA WORM, MEASLES REPORTED

Guinea Worm Outbreak

Accra DAILY GRAPHIC in English 8 May 82 p 8

[Article by Kwame Penni]

[Text]



MORE than 350 inhabitants of Nyametwa, Esem and Juabeso in the Sefwi Wiawso district in the Western Region have been attacked by guinea worm.

Among the victims are nine soldiers from Takoradi, three employees of the Food Distribution Corporation (FDC) and 23 workers of the Coco Marketing Board (CMB, including drivers who were on cocoa and foodstuffs evacuation duties in the area.

One of the victims whose swollen left foot has been bandaged and walks with the help of a walking stick told me that some of them were attacked by the disease within less than three months of their stay.

According to him some women traders who have been going to the area to purchase foodstuffs have also been attacked by the disease.

He disclosed that no health personnel have been to the area in connection with the disease.

He said the sources of the inhabitants' water supply "are pools of greyish stagnant water which are full of dead leaves" and described the situation as serious since most of the affected persons are bed-ridden and cannot go to farm.

He appealed to the health authorities to visit the area to help arrest the situation.

Meanwhile, a 60-year-old tutor of the Takoradi Polytechnic who claims he has an effective herbal treatment for guinea worm has offered to treat free of charge the affected workers who are resident in Takoradi.

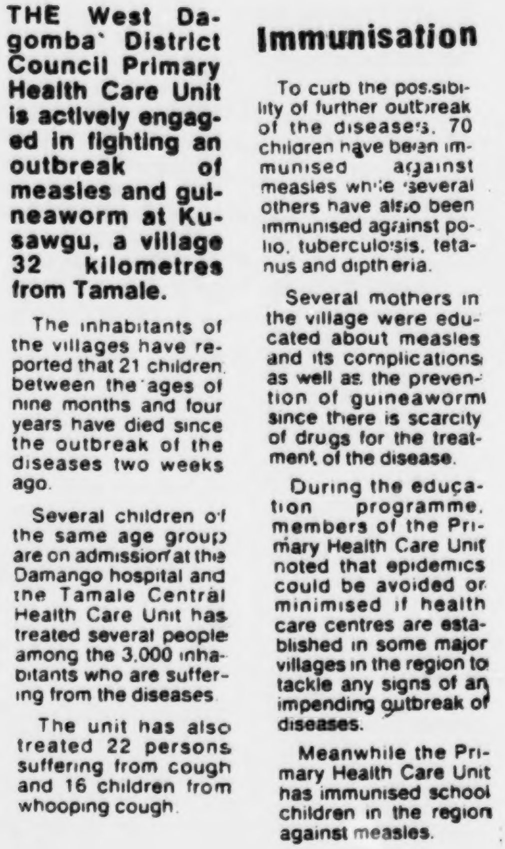
The tutor, Mr Edward O. Adu-Darko said it would not take more than three days for the worm to come out on application of the drug.

Guinea Worm, Measles Noted

Accra DAILY GRAPHIC in English 13 May 82 p 8

[Article by George Sydney Abugri]

[Text]



THE West Dagomba' District Council Primary Health Care Unit is actively engaged in fighting an outbreak of measles and guineaworm at Kusawgu, a village 32 kilometres from Tamale.

The inhabitants of the villages have reported that 21 children between the ages of nine months and four years have died since the outbreak of the diseases two weeks ago.

Several children of the same age group are on admission at the Damango hospital and the Tamale Central Health Care Unit has treated several people among the 3,000 inhabitants who are suffering from the diseases.

The unit has also treated 22 persons suffering from cough and 16 children from whooping cough.

Immunisation

To curb the possibility of further outbreak of the diseases, 70 children have been immunised against measles while several others have also been immunised against polio, tuberculosis, tetanus and diptheria.

Several mothers in the village were educated about measles and its complications as well as the prevention of guineaworm since there is scarcity of drugs for the treatment of the disease.

During the education programme, members of the Primary Health Care Unit noted that epidemics could be avoided or minimised if health care centres are established in some major villages in the region to tackle any signs of an impending outbreak of diseases.

Meanwhile the Primary Health Care Unit has immunised school children in the region against measles.

CSO: 5400/5996

BRIEFS

CHOLERA OUTBREAK--Nine persons have died within two days following an outbreak of cholera at Nkroful and Amosima, both villages near here, hospital sources confirmed yesterday. On Wednesday morning at Nkroful, the disease claimed eight lives within 12 hours. The next day seven other persons from Amosima were sent to the Central Hospital here where one of them died. According to Mr Kofi Sam, chairman of the Nkroful PDC, who reported the incident to the personnel of the Air Force detachment and the Ministry of Health authorities, several other persons, including children, had been affected by the disease in the two villages. A spokesman for the Ministry of Health here told the 'TIMES' that even though there were no vaccines at the hospital, efforts were being made to bring the situation under control. Meanwhile, an SOS message had been sent to Accra for vaccines and other drugs to combat the situation in the area. [Text] [Accra GHANAIAN TIMES in English 1 May 82 p 5]

CSO: 5400/5996

HOSPITAL SURGICAL UNIT CLOSED AFTER TETANUS CASES

Closing Announced

Athens I VRADYNI in Greek 13 May 82 p 14

/Article by Dim. Politis: "Tetanus Threatens Both Patients and Hospital Personnel"/

/Excerpts/ The Nikaia-Piraeus general hospital "Agios Pandeleimon" is in a state of alarm over the danger patients and hospital personnel --about 700 persons in all-- are running in contracting tetanus.

Already on Tuesday, the Third Surgical Unit of the hospital was closed after three patients contracted tetanus. These three have been transferred to Loimodon.

Three Cases

The first tetanus case appeared 45 days ago on a patient who had been operated on for gallstones.

A patient who had undergone a hernia operation contracted tetanus 20 days later, while the third case occured last week on a woman who had been operated on.

All three patients were transferred to the Loimodon Hospital for treatment. Despite this, the hospital administration remained indifferent to the situation, and it was this indifference that has led to the present situation where about 700 individuals, hospital personnel, doctors and patients, are directly endangered.

Scientific experts stressed yesterday that matters have reached such a point that the hospital must be closed to isolate the tetanus.

No Localization

Up to now, the source of the infection has not been localized, and it could be coincidental that the three patients had been treated at the Third Surgical Unit, given the fact that all the operations took place in regular operating rooms. Consequently, no one knows the source of the infection: in the operating rooms or only in the Third Surgical Unit.

Despite the seriousness of the matter, the hospital administration showed indifference, although the measures it took yesterday should have been taken at least 20 days ago in order to reduce the danger of infection to the hospital personnel, a danger that is now immediate.

Inoculations Ordered

Athens I KATHIMERINI in Greek 14 May 82 p 1

/Excerpts/ Mrs Stefanou, director of public health in the Ministry of Social Services, announced yesterday that the three cases of tetanus in the Piraeus general hospital "Agios Pandeleimon" are not due to any infection inside the hospital itself.

She stated that this was revealed through cultures made at the medical school microbiological laboratory.

Nevertheless, the three rooms of the Third Surgical Unit where the three patients were being treated have been closed off to decontaminate them. At the same time, antitetanus inoculations have been ordered for all hospital personnel.

Also, in accordance with an announcement of the chairman of the hospital administration, all surgery patients will be inoculated and all scheduled operations will be postponed while strict sterilization measures and frequent taking of cultures are continuing.

At the same time, a more systematic investigation has been conducted in the operating rooms, the patient rooms as well as the special sterilization unit used where it has been determined that there was improper control over its use. Mrs Stefanou stressed that in no place have microbes been found to justify the existence of infection inside the hospital.

5671
CSO: 5400/5324

ENCEPHALITIS SPREAD IN INDIA NOTED

Kathmandu THE RISING NEPAL in English 5 May 82 p 2

[Text] —The spread of Japanese Encephalities (JE) across the north and the western coast of India may essentially be a side-effect of economic development. The disease, often popularly called 'brain fever', leads to death in a large number of cases. It is a seasonal disease caused by a virus which is spread by mosquitoes. Many medical experts believe that it is the environmental change caused by the spread of irrigation, which provides a good habitat for the breeding of the mosquitoes, that is responsible for the spread of the disease.

JE is in many ways a new disease for India, especially the manner in which it has assumed epidemic proportions causing considerable anxiety. JE was first noticed in Japan in the latter half of the last century and from there it has slowly spread across southeast Asia. A few sporadic cases were first noted in south India in 1955. But in 1973 there was a large scale outbreak of the disease in various districts of West Bengal. In 1978, still larger outbreaks occurred in Karnataka, Tamil Nadu, Bihar, West Bengal Assam and Uttar Pradesh. Late last year cases of JE were reported from Karnataka, Andhra Pradesh, Tamil Nadu, and Pondicherry. JE incidence has been steadily growing: 1434 deaths in 1980 as compared to 962 in 1979.

The factors relating to this southwestward spread across Asia still require to be elucidated, says the World Health Organisation. But as Dr. V. Ramalingaswami, Director General of Indian Council of Medical Research, pointed out: "It is possible that environment and ecological changes may be playing a part". Irrigation technology is coming to the rural areas in a big way. Paddy fields with standing water are the main breeding places for the mosquito transmitting JE.

GEOMETRIC RISE:

Analysing the reasons for the 1978 J E epidemic in India, a scientist at the National Institute of Virology at Pune has pointed out that in recent years the area under rice cultivation has grown geometrically; multiple crops are harvested, and more land is flooded by irrigation. A number of Culicine and Anopheline mosquitoes transmit the virus but it is the mosquito with the scientific name Culex tritaeniorhynchus that has been identified as the chief carrier JE in India. Culex tritaeniorhynchus is primarily a rural mosquito which breeds successfully in rice fields. An expansion in its habitat can lead to an increase in its population. In, normal circumstances, the mosquito transmits the virus mainly to pigs and sometimes to large birds like pond herons, egrets and ducks which frequent collections of water such as paddy fields. Cattle also draw away many mosquitoes from men. But while pigs and birds maintain the life-cycle of the virus, cattle do not. In other words, they do not act as reservoirs of the disease. Humans only accidentally enter the transmission cycle of the JE virus.

Another factor which probably keeps the incidence of this dreaded disease in India low, is its limited pig population. During the 1978 epidemic, JE cases were found widely scattered, giving an average of 1-1.5 cases per village.

COMA:

The disease can never spread like malaria which, too, is a mosquito-transmitted disease. But it is the very high case fatality rate that poses the disease as a serious public health problem. Between 20-40 per cent of the patients die and sometimes the death rate can be over 50 per cent. The disease is characterised by fever, headaches, coma and neck rigidity, and it injures the central nervous system of those who succumb to it.

Beacuse of seasonal incidence of the disease variety of vectors and multiple hosts, control of JE is difficult, especially when man himself is inadvertently helping the mosquito by expanding irrigation facilities without adequate water management.

JE is not just an environmental disease but also a socio-economic disease. The virus affects mainly those who come from the lower socio-economic strata of society. In West Bengal, scientists of the National Institute of Virology found that the prevalence of JE was directly proportional to the local pig population. Human beings most frequently affected with the disease were members of the scheduled castes, the communities that rear pigs and live in proximity with their animals.

A variety of efforts are needed to minimize the number of JE cases, which include insecticide spraying, draining of stagnant water and health education. People should be taught to use mosquito nets or mosquito repellants, if they can afford them, and to keep pigs at some distance from human dwellings.

In Japan, periodic draining of rice fields, especially during the mosquito breeding season, which kills the larvae breeding in the water, has successfully reduced the incidence of the disease. JE has steadily declined in Japan, China and South Korea but epidemics have been increasingly noted in the last three decades in Vietnam, Thailand, Burma, India and Nepal. Whether measures like draining of rice fields can be successfully implemented in the vast rural areas of India without effective community involvement remains doubtful.

Among the different types of vaccines against JE, the freeze-dried vaccine prepared from infected mouse brains appears to be suitable for India. The government should shortly begin manufacture of this vaccine at the Central Research Institute a Kasauli. No other country in south-east Asia yet is producing cr planning to produce any JE vaccine.

But as the vaccine has to be kept cool during storage and transport, its widespread use is going to be difficult. Therefore, a vaccination campaign would be possible only in a limited area when it is threatened with an epidemic.

The spread of JE is, in fact, just another indicator of the crisis that affects the entire field of vector control today. Chemicals like D.D.T. have failed to destroy disease-carriers like mosquitoes which have developed a strong resitance to them. As a result, diseases like malaria are growing once again. The changing environment and the continuing state of poverty are spreading new dsease like JE or are bringing back old ones like kala-azar (scientifically known as leishnaniasis).

As Prof. Ramalingaswami has pointed out in a speech: "we are at crossroads today with regard to our ability to control diseases transmitted by insect vectors. The health implications of development activities should be given serious consideration before the activities are commenced. They may have beneficial, neutral or deleterious effects on community health. Those that have an impact on environment and ecology need very special attention. The concept of integrated development, so much talked about, must be put into action more convincingly." The growth of JE reminds us once again that everything in nature related to everything else.

CSO: 5400/5988

BRIEFS

GASTROINTESTINAL DISEASE KILLS 193--Guadalajara, Jal, 24 Apr--The chief of Coordinated Services of the Public Health Department, Dr Alfredo Lepe Oliva, said that this year 193 children died of gastrointestinal illnesses. He pointed out that the hospital centers of the city on the average treated 200 infants with this type of ailment. He added that the temperature reached 35 degrees today and caused more people to be affected by dehydration. He added that these diseases occupy third place among the causes of death in Guadalajara. [Text] [Mexico City EXCELSIOR in Spanish 25 Apr 82 p 8-D] 9678

CSO: 5400/2154

BRIEFS

GRANT FOR MALARIA CONTROL--ISLAMABAD, May 19--A 1.5 million dollar grant to Pakistan for malaria control part of six-year United States anti-malaria assistance programme was signed here today by the US Ambassador Ronald I. Spiers and Ejaz Ahmad Naik, Secretary, Economic Affairs Division and Donor M. Lion, Director of the US Agency for International Department (AID) in Pakistan. The grant which the US Ambasador said would support government efforts to control malaria incidence in Pakistan in the first increment of what is expected to be a 41 million dollar grant in the this field during the next six years. The agreement will support technical assistance training, field studies in operational research and commodities and is part of the 1.625 billion dollar aid programme approved for Pakistan by the US Congress earlier this year. [Karachi BUSINES RECORDER in English 20 May 82 p 8]

CSO: 5400/5997

BRIEFS

DISEASE AT ONVERWACHT--MORE THAN 1 900 people have died so far at the squatters' camp of Onverwacht, near Thaba-Nchu in the Orange Free State. The camp, established in June 1979 to accommodate people who did not want to belong to Bophuthatswana after the homeland had opted for independence, returned to the public spotlight last week after a claim in Parliament by the Minister of Health, Dr Lapa Munnik, that health service at Onverwacht was as good as in Houghton, the prestigious Johannesburg suburb. "It has as good a health service as any of you people have in Houghton," the Minister told Mrs Helen Suzman, MP (PFP). During a two-day visit, reporters found that 1 949 people had died at Onverwacht since the camp was established, 1 025 of them children. Most of the dead children were under the age of three. By Thursday last week, 11 more people had died. Some 527 people died of a typhoid epidemic in the camp's first year of existence. The greatest killer diseases at Onverwacht now are gastro-enteritis, kwashiorkor and pneumonia. Infectious diseases like measles are also prevalent. A new clinic has been built, but a nursing sister said that the staff of 12 was not coping. Onverwacht has an estimated population of 130 000 and more than 300 patients are treated at the clinic every day. It does not provide a 24-hour service and is closed over week-ends. [Text] [Johannesburg SOWETAN in English 26 Apr 82 p 1]

CSO: 5400/6000

SWEDEN TO AID NATION IN MALARIA CONTROL, RESEARCH

Dar es Salaam DAILY NEWS in English 8 May 82 p 1

[Article by James Mpinga]

[Excerpt]

THE Swedes are throwing their weight behind Tanzania's efforts to contain malaria, a disease whose parasites are now feared to have developed resistance to chloroquin.

According to the Director-General of the Swedish Agency for Research Cooperation with Developing Countries (SAREC), Dr. Lars Anell, Sweden's interest in malaria research was aroused by increasing reports of malarial parasites developing resistance against chloroquin — the main drug that cures the disease.

There is no conclusive evidence as yet about these reports in East Africa, but the World Health Organisation (WHO) has reported that 43 species of malaria-spreading mosquitoes in Latin America and Asia were developing resistance to insecticides faster than health officials could find new ones.

In Tanzania, SAREC's role would be to help fund investigations to establish evidence of chloroquin's impotence against malaria parasites, Dr. Anell said.

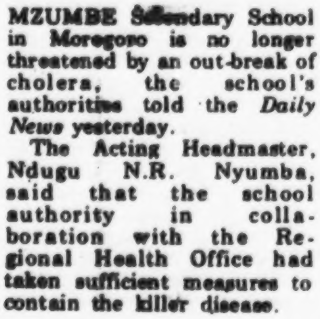
However, he said the level of funding would depend on a project write-up from the National Institute for Medical Research. When it finally gets off the ground, the project could also involve direct participation of Swedish scientists working with their Tanzanian colleagues, he added.

CSO: 5400/5998

CHOLERA CONTAINED AT SCHOOL

Dar es Salaam DAILY NEWS in English 15 May 82 p 3

[Text]



MZUMBE Secondary School in Moregoro is no longer threatened by an out-break of cholera, the school's authorities told the *Daily News* yesterday.

The Acting Headmaster, Ndugu N.R. Nyumba, said that the school authority in collaboration with the Regional Health Office had taken sufficient measures to contain the killer disease.

CSO: 5400/5998

WATER STORAGE TANKS HARBOR HARMFUL BACTERIA

Abu Dhabi EMIRATES NEWS in English 12 Apr 82 p 3

[Article by Rebecca Gander-Banat]

[Text] ABU DHABI (EN): Officials of the Ministry of Health say the tap water here is safe for use after it has left the desalination plants but that improper storage in tanks for flats and buildings often taints it.

According to Dr. Abdul Wahab Al Muhaidib, Assistant Under-Secretary in Preventive Medicine at the Ministry of Health, random sampling is done on the tap water in various buildings in Abu Dhabi. About 10 samples are collected daily, and select buildings are sampled about every two weeks.

The findings have shown that many of these tanks are infested with algae, which grows on the walls of the tanks. This occurs when tanks are installed improperly and the water inside can't all flow out. When some water remains in the bottom of the tank it stagnates and algae begins to grow. Most of these tanks' covers don't fit properly so that dust can also enter the tanks.

According to Atallah Rabi, Chief of the Environmental Health Division at the Ministry of Health, on inspection of some tanks he has seen insects

"If a person had the maintenance man in his building show him the inside of the tanks, he might stop using the water," said Rabi.

Filtration of this water for drinking, cooking and washing will not rid it of the bacteria, which develops as a result of improper storage, but fortunately the area's high temperatures are helpful in killing anything that should grow in the water, said Dr. Muhaidib.

The Ministry believes the tanks on the ground should be on the same level as the building for easier cleaning maintenance and replacement, if necessary. In most buildings servicing the tanks is difficult because of their positioning.

If a certain building's water is found to be impure, the Ministry will notify the owner, said Dr. Muhaidib.

But most building owners and the caretakers who they employ care very little about safety, therefore they don't take the necessary steps to improve the quality of water supplied to their tenants, said Rabi. One way to insure the quality of water from these tanks would be to impose a fine for those who refuse to clean up or replace dirty or damaged tanks, he added.

"It is lucky there have been no water borne disease outbreaks here," Rabi said. With the present conditions, this could be expected to occur.

Testing the water in other emirates is done on a much smaller scale because of a shortage of manpower and labs. Even in Abu Dhabi the Ministry would like to be able to take samples more frequently, said Dr Muhaidib. Work is being done to combat the situation. The Ministry has ordered a supply of testing kits to carry out the procedure where labs are not available.

Because of the pollution caused by bad storage, people are drinking more bottled water (there are six bottling plants in the emirates) and losing faith in the municipality, Rabi said, which is really not to blame.

Most of the water used in the

emirates, about 60 to 70 per cent, is obtained through desalination, with the rest coming from underground wells. 95 per cent of the water used by Abu Dhabi Municipality is desalinated water, processed at two locations here.

Dubai has a high reliance on desalinated water, while Sharjah still uses the underground water (but will begin using desalinated water soon). In Ras Al Khaimah there are some small firms using the reverse osmosis process to produce potable water, while the remaining supplies in the emirates come from underground wells, according to Dr. Muhaidib.

CSO: 5400/4723

BRIEFS

HIGH RATE VIRAL HEPATITIS--Urban crowding and environmental contamination of the large cities has contributed to viral hepatitis becoming today a frequent problem in the area of public health. This has motivated a group of researchers from the Unit of Clinical Immunology of the Anatomy-Pathology Institute of the Faculty of Medicine of the Central University of Venezuela to undertake an epidemiological investigation in the country in order to find out the incidence of viral hepatitis in the population of Venezuela. Dr Nicholas Blanco when interviewed on this subject stated that in the initial investigation, a high incidence was noted in the cities of Valencia, Caracas and Maracaibo, as well as in areas where beaches are very contaminated. Dr Blanco pointed out that "in the metropolitan area we have observed that the slums of Caracas constitute the principal source of contamination for viral hepatitis." He added that "this disease represents a socioeconomic problem, but to the extent that conditions improve, it is controllable. It is comparable to the big epidemics of influenza and polio." Can hepatitis be prevented? "With intense sanitary campaigns and with the cooperation of the community this disease can be prevented, since the state cannot perform this task alone." Dr Blanco pointed out that there are people suffering from hepatitis who get better without problems, however, there are others who go beyond the cronic stage and if this is associated with malnutrition, it usually leads to cancer of the liver. In conclusion, the immunologist said that in Caracas there is dormant hepatitis in 26 percent of the population. [Text] [Caracas EL UNIVERSAL in Spanish 21 May 82 p 2-31] 9678

CSO: 5400/2153

CONFERENCE REVIEWS WORK TO ERADICATE MALARIA IN 1981

Hanoi SUC KHOE in Vietnamese 20 Mar 82 p 7

[Article by Q.N.: "Conference To Review 1981 Malaria Eradication Work"]

[Text] On 25, 26 and 27 February 1982 in Ha Tuyen, the Ministry of Public Health held a conference to review the work of eradicating malaria in the northern provinces in 1981. Attending the conference were more than 100 delegates representing the public health services and the public health-physical education and sports committees of the key districts in charge of eradicating malaria and of the districts having actually eradicated malaria in their localities.

Last year, although the country was still encountering many difficulties, with the concern of the party committee echelons and administrations of all levels added to the efforts of the entire sector, the plan for malaria eradication was still being carried out throughout the country and its major goals were properly achieved.

About spraying DDT to destroy mosquitoes, as of the end of September 1981, 1,600 tons of 75% DDT were used to spray in 3,207 villages and 1,882 work sites, state farms, enterprises and new economic zones, thus providing protection to 11 million people per time. The areas sprayed remained wide, particularly in the high plateaus in the South. Many districts in the provinces of Nghia Binh, Quang Nam-Da Nang, Lai Chau, Ha Tuyen, etc. obtained good results in both volume and time as compared with the plan goals.

Treatment of malaria was provided on the basis of analyzing the characteristics of malaria epidemics in each region. With all hospitals and local public health facilities throughout the country being included, treatment was given to more than 6 million time-patients; more than 100 million pills and more than 1 million vials of medicines for malaria treatment were used. That mostly involved mass treatment and preventive treatment, with about 90 percent of all patients treated being in the southern provinces. Treatment consisting of reducing fever, following up to fight recurrence and dealing with the more serious cases in many hospitals, such as the hospitals in Son Duong, Chiem Hoa (in Ha Tuyen Province), Cho Ra (in Bac Thai Province), Son La and a number of central Trung Bo provinces, was administered in compliance with the treatment chart suggested by the Ministry of Public Health. Generally speaking, wherever district-level leadership was strict and there were treatment units and local public health network working properly and combining malaria treatment with the overall health management activities, the quality of treatment was guaranteed, malaria detection and patient management were carried out in an orderly manner and with better quality, malaria incidence was obviously decreasing, the pockets of contagion were quickly destroyed and the epidemic was brought under control. Many localities had plans for active prevention and control of malaria and succeeded in lowering malaria incidence.

With such efforts, last year the overall achievement in malaria eradication in the North was generally maintained. Six additional districts in the country were recognized as having actually eradicated malaria: Hon Gai (in Quang Ninh Province), Trung Son (Thanh Hoa), Kinh Mon and Chau Giang (Hai Hung) and Binh Luc and Y Yen (Ha Nam Ninh). As compared with the first 9 months of 1980, the malaria level in 1981 decreased by 16.4 percent; the rate of malaria parasites' presence was 0.37 (0.44 percent in 1980), with the scope of parasitic presence being reduced. Ten out of 18 provinces scored a reduction of 7.8-7.9 percent, with 5 provinces scoring 50 percent -- Bac Thai, Cao Bang, Vinh Phu, Hai Hung and Hanoi. The highlands had a reduction of 5.83 percent and former Zone 4, 31.4 percent. The percentage of villages showing parasitic presence was 6.22 percent (6.99 percent in 1980). In the southern provinces, malaria incidence in a number of areas continued to decrease; however, in many localities, due to the fact that the malaria parasite developed resistance to drug, mosquitoes were very active outdoors, populations were fluctuating, etc., the epidemic picture remained complicated, with the overall malaria level increasing and cases of virulent malaria remaining.

Next to the achievements scored, in every major aspect of the malaria-eradicating work there still were some weaknesses: DDT spraying was not very effective in a number of places, with wasteful use of DDT and poor results; malaria detection and patient management were still underestimated -- this would require the sector as a whole to try even harder to move forward.

To continue reducing the malaria level in the southern provinces, particularly in the Central Highlands, southern Trung Bo and eastern Nam Bo, and in the northern provinces, mostly in the border provinces and former Zone 4, in 1982, the sector as a whole must concentrate its efforts on lowering the malaria parasitic presence index to 0.4 percent for the northern provinces and less than 3 percent (parasitic presence as compared with the number of slides viewed) in the southern provinces. Reduce the proportion of people infected with malaria parasites to 40 percent as compared with 1981; reduce malaria mortality, mostly in the border provinces, new economic zones and industrial crop-growing areas. Continue to expand the movement to get more districts being recognized as having eradicated malaria. Try to have 3-5 districts in the midlands and delta and 1-2 districts in the highlands being recognized as having really eradicated malaria (for the northern districts) or having basically eradicated malaria (for the southern districts).

5598
CSO: 5500/5795

NEW ADVANCES IN ERADICATING MALARIA EXAMINED

Hanoi SUC KHOE in Vietnamese 5 Apr 82 p 7

[Article by Q.N.: "Ha Tuyen: New Advances in the Malaria Eradicating Task"]

[Text] In the past years, implementing the Resolution of the Fourth Congress of the Party and the Premier's instruction 261 of 20 June 1977 with the determination to stop malaria recurrence, to gradually lower the MGC[Malaria Germ Carrier] ratio and advancing toward basically eliminating malaria, the province-wide malaria eradicating task has made new advances. DDT spraying to eliminate mosquitoes has become a central duty along with stepping up discovery and complete cure of MGC's. With the professional and technical forces and coordinating contributions of the people and cooperatives, DDT spraying has developed comprehensively, expeditiously, in compliance with regulations, in the proper concentration and directed at proper targets. In the 3 years 1978-1980 alone, the entire province has employed for the ME [Malaria Eradicating] task nearly 44 tons of grain, more than 10 tons of gasoline, nearly 40,000 dong and more than 180,000 work days, used more than 420,000 tons of DDT, and protected more than 1.1 million people, including nearly 120,000 persons of 421 industrial, agricultural and forestry installations and enterprises. Many units have worked satisfactorily, such as Bac Quang, Chiem Hoa, Ham Yen, Son Duong, etc.

The treatment task has been entrusted to district malaria prevention and countermeasure units and to the basic medical network. Insecticides have been used more efficiently and sparingly. During the past 5 years, the entire province has treated more than 360,000 persons, including more than 66,000 treated for fever eruption, 77,000 [sic] for relapse, and nearly 290,000 received preventive treatment.

Malaria discovery and testing have achieved much progress, creating conditions for fast diagnosis and prompt action. Basic medical units in a number of localities such as Bac Quang, Yen Son, Chiem Hoa, etc., have actively and regularly discovered the disease. A number of district general dispensaries and hospitals such as those at Bac Quang, Chiem Hoa, Kim Xuyen (Song Duong), etc., have paid attention to doing the task well. Mobile units have actively discovered and treated patients in principle epidemic areas.

Thanks to the aforementioned endeavors, the province-wide malaria situation was more stabilized in the end of 1980 than ever before. The MGC ratio declined from 1.4 per thousand in 1977 to more than .2 per thousand of the population, nearly that in the years 1970-1975; the number of disease and epidemic clusters declined significantly. The malaria eradicating task has begun to aim at principle epidemic spots, and the DDT spraying has been done selectively. The goal of the struggle is to liquidate disease clusters of more than 10 MGC's, to narrow the germ originating areas in clusters of five to ten MGC's, and to thoroughly liquidate malaria in villages with one to five MGC's. At present, the province MGC ratio is .22 per thousand of the population, and the malaria ratio declined by 24 percent compared to 1980.

The malaria eradicating task is of special importance in this mountain province of more than 13,000 square kilometers, of more than 700 kilometers of border with China, or 22 fraternal minority nationalities having conservative customs and habits, and a regular state of flux in living conditions among areas.... In order to steadily maintain the achievements, the malaria eradicating task needs to be carried out regularly and actively by establishing quarantine areas in the province and in each district. It is necessary to closely coordinate this activity with the implementation of the five task goals of the sector, linking malaria eradicating with managing the people's health, so as to carry out more satisfactorily the task of discovering, treating and managing malaria patients. In 1982, Ha Tuyen is determined to lower the MGC ratio to less than .1 per thousand of the population, to eradicate it as an epidemic, and to struggle to turn Son Duong into a district that really liquidated malaria.

8418
CSO: 5400/5968

ONE HUNDRED TWELVE NEW CASES OF RABIES FOR 1ST QUARTER '82

Rome L'UNITA in Italian 10 May 82 p 6

[Article by Armando Giovannini]

[Text] The rabies epidemic, which came into Italy from Austria in 1977 by way of the Krimmel Pass, has gradually continued to spread. In addition to the spread of the epidemic at this first point of contact, it has crossed the borders at five other points: in 1978, via the Coccau Pass into Friuli; in 1980, via another point into Friuli, this time from Yugoslavia; in 1980, into Val Venosta from Austria; in the winter of 1981, coming from Switzerland, it invaded almost all of Valtellina; and, at the same time, coming from Yugoslavia, it penetrated Trieste Province.

The rabies epidemic in Italy spread at the rate of 40 to 50 km per year, and the same rate was experienced in other European countries, if not a greater rate, because of our deep Alpine valleys whereby, at the end of last year, the infection showed up in 32 communes of 6 provinces (Bolzano, Udine, Trieste, Belluno, Sondrio and Brescia). In the first quarter of 1982, reports came in of 112 cases of rabies in wild animals distributed over 45 Italian communes: Naturno, Senales, Castelbello, Sluderno, Tubre, Parcines, Laces, Silandro, Malles and Curon in Bolzano Province; Grimacco, Pulfero, Savogna, Forni Avoltri, San Leonardo, San Pietro Natisone, Rigolato, Stregno, Cividale and Zuglio in Udine Province; Duberdo, Farra d'Isonzo, Gorizia, San Floriano Collio, Savagna Isonzo and Gradisca Isonzo in Gorizia Province; Duino in Trieste Province; Vigo Cadore and Lorenzago in Belluno Province; Piuro, Valfurva, Valdisotto, Chiuro, Villa Tirano, Sondalo, Villa Chiavenna, Teglio, Valdidentro, Tirano and Chiavenna in Sondrio Province; and Sonico, Vezza d'Oglio, Edolo, Ponte di Legno and Corteno Golgi in Brescia Province. Of these communes, 13 were stricken for the first time in this quarter, just as, for the first time, the epidemic was reported in Gorizia Province.

The disease was reported in 112 wild animals belonging to 4 different species: 98 wolves, 12 badgers, 1 marten and 1 deer.

This is the biggest territorial spread of the epidemic ever reached, whereas the variation in the number of animals stricken (equal to that of last fall and 33 head greater than the number reported in the last quarter of 1981) reflects normal seasonal variations in the epidemiology of rabies.

To study the spread of the infection, wolves are being monitored in the infested areas (Trentino-Alto Adige, Friuli-Venezia Giulia, Veneto and Lombardy), in the Piedmont region and in Valle d'Aosta. The Emilia-Romagna and Tuscany regions, within the framework of specific regional laws, have also recently begun to monitor the wolves.

8568
CSO: 5400/2146

MEXICO CITY RABIES STATISTICS

Mexico City EL DIA in Spanish 19 Apr 82 'metropoli' supplement p 11

[Excerpt] During 1981, in the metropolitan area of Mexico City, seven rabies deaths were recorded and about 23,000 people were inoculated. The over-all dog to human ratio during 1979 was 1 in 6 in the capital city of the republic.

The foregoing forms part of a study undertaken by researchers from the Faculty of Veterinary and Zootechnical Medicine [FMV&Z] of the National Autonomous University of Mexico, and from data from the Ministry of Health and Assistance.

The specialists warned that insofar as it refers to the cited ratio, this is not applicable to most of the municipalities and/or towns, given that the ratio is influenced by population density and other factors in which the ratio undergoes fluctuations which range from 1 to 1 to 1 to 10.

Dr Jorge Cardenas Lara, chief of the Department of Preventive Medicine, and Aline S. Aluja, chief of the Department of Pathology of the FMV&Z estimated that the canine population without leashes in the city's streets is not the responsibility of health or educational authorities, but of all the municipal population.

He said that about 17.56 percent (438,479) of the total canine population is found most of the day on city streets, and 61.74 percent of the total lack leashes when they go out into the street, which represents 1,699,886 animals of the total estimated canine population that have access to the streets without leashes.

In the meantime, antirabies immunization up to 1979 reached only 30 percent of the total canine population, a situation which favors the perpetuation of the rabies problem among these animals.

9678
CSO: 5400/2151

BRIEF

ACAPULCO ANTI-RABIES CAMPAIGN--Acapulco, Gro., 25 April--The Ministry of Health and Welfare [SSA] will intensify its antirabies vaccination campaign in order to prevent the proliferation of the malady in this city. It is estimated that about 26,000 dogs will be vaccinated. The director of the Health Center of the SSA in this port, Doctor Luis Reyes Ceballos, said that from 15 to 20 persons are bitten daily in this city, and that 1 out of every 10 of them shows symptoms of having been bitten by a rabid dog. He added that this city is thought to have the greatest number of dogs in the country and that a campaign to hunt down rabid dogs will also be started. [Text] [Mexico City EXCELSIOR in Spanish 26 Apr 82 p 35-A] 8255

CSO: 5400/2157

GRAIN PEST POSES THREAT TO HARVEST

Prague RUDE PRAVO in Czech 5 May 82 p 4

[Article by Dr Vaclav Skuhravy, CSc., of the Entomology Institute of the Czechoslovak Academy of Sciences: "New Grain Pest. Repeated Incidence of Saddle Midges"]

[Text] Starting in late 1981 RUDE PRAVO has been publishing a series of articles on the importance of factors affecting yields of cereal crops, for example use of improved varieties, the effect on yield of crop rotation, the importance of proper soil care, the significance of organic fertilizers, etc.

Various pests and diseases also affect yields negatively. Last year in several regions of Czechoslovakia there was a severe incidence of saddle midges [Haplodiplosis equestris], an insect pest which gave the farmers a great deal of trouble. We will have to reckon with it again this year.

In Europe, until 1956, the saddle midge was found mainly on wheat grass, and while it was also found on cereal crops it was not to be considered a very dangerous species of insect. It first occurred as a serious pest in 1956 in grain-growing regions of northern Yugoslavia and since that time, with an increase in intensity of grain growing, it has caused considerable damage in Austria, Holland, Belgium, Denmark, the GDR, England and Sweden.

In Czechoslovakia, before 1971, it was found in 39 places mainly, as before, on wheat grass. The year 1971 may be taken as the year of the first notably damaging incidence in Czechoslovakia. It appeared in large numbers in several fields south of Prostejov in Hana. In the following year it was listed as a harmful factor on maps drawn up by the Central Institute for Agricultural Inspection and Testing. It turned out that it had spread not only within the Hana region [of Moravia] but also in eastern Bohemia and in Slovakia. Data collected from 1972 through 1981 indicate three periods when it occurred to an appreciable extent: the period 1972-1973, the year 1975, and finally the period 1978-1981.

Last year, in particular, because of late development of the grain in regions with low levels of springtime precipitation this species caused significant damage over an extensive territory. the centers of damage were, and will be this year as well, in central, northeastern and southeastern Moravia, in central and northeastern Bohemia, and in Slovakia in the districts of Martin, Zilina, Povazska Bystrica and Prievidza.

Decline in yields on almost 20,000 hectares have shown that we are dealing with a pest which demands our attention throughout all of our territory.

The saddle midge is a small midge whose larvae develop on the stalks of wheat and barley and occasionally certain varieties of rye. It winters in the soil, where it forms a chrysalis. In late May and early June, depending on temperature conditions, these [cocoons] hatch into adult insects, which lay eggs on the leaves. These eggs hatch into larvae, which create a kind of disfigured little saddles on the stalks. These formations/constructions have given the insect the descriptive name "saddle" in most European languages. When a large number of "saddles" are formed the supply of nutrients to the ears is interrupted and in the case of a very severe incidence the stalks actually break under their weight.

What is the reason for the appearance of the new pest? In a sample region chosen for the study of this species, an area near Prostejov, we were able to confirm by our own observations the data of foreign authors, [who state] that this species becomes significant where there is no crop rotation within the framework of the sowing process. In 120 control fields barley and wheat were attacked only 11 percent of the time when sown after other crops, while in the second year of sowing the same grain crop consecutively this figure was more than 30 percent and in the third [year] over 65 percent. In 1981 workers of many unified agricultural cooperatives and state farms were able to verify this fact for themselves.

Under the guidance of workers of the Entomology Institute of the Czechoslovak Academy of Sciences, a list of recommendations was drawn up with the aim of minimizing losses due to this pest. It concerns equally agricultural methods which inhibit the growth of the saddle midge, the control of its hatching, and the use of insecticides to exterminate it.

The consecutive planting of grain crops should be limited, in areas of extremely severe incidences oats, on which the saddle midge does lay eggs but on which the larvae do not develop, should be used as a crop, or, where appropriate, certain varieties of rye should be planted. One should plant winter rather than spring wheat, and sow Vala, Kosutka, and Odra varieties, which are less susceptible than others. In endangered areas one should limit the growing of wheat and barley on private plots, which are reservoirs for the saddle midge, eradicate wheat grass in fields, since this is the original food plant of the saddle midge, and ensure frequent mowing of field boundaries and ditches where wheat grass grows. Chemical warfare is based on the use of several insecticides during the period after hatching of the adults, a short period of 3 to 7 days after the carefully conducted control of hatching of the insect from the soil (late May to early June).

It is essential to consider the occurrence and the significance of the saddle midge within the wider context of agriculture problems in general.

As agricultural production becomes concentrated and specialized we must keep in mind the dangers associated with this. If grain crops are sown in succession it follows, according to the rules pertaining to pests and diseases, that we are creating favorable conditions for their spread and growth. This is true for the concentrated growing of rapeseed and other crops. We can of course wage chemical warfare against harmful factors, but this sets up a vicious cycle, where one poor shot calls for further ones. The more unstable the natural systems and the lower the diversity of species in the whole area, the more vulnerable such systems are, requiring the addition of substantially larger amounts of additional energy, in the form of fertilizers, machine labor and mechanization.

We should therefore welcome the fact that there is currently a move towards limiting the concentration of crops to a profitable level. This decrease is motivated primarily by economic factors (for example the distribution of potatoes or vegetables from selected districts to other districts or counties at great distances): one should not, however, forget that there are above all ecological reasons.

There has been a decline in the number of centrally issued directives. This makes it possible for workers of agricultural establishments to increase the diversity of crops and varieties grown. Also concerned is a moderate increase in the acreage devoted to oats, especially in areas situated more than 400 meters above sea level. Oats are important not only as an irreplaceable component in feed mixes for young animals but also as a natural exterminator of the saddle midge. The latter does lay eggs on it, as was already mentioned, but more than 90 percent of the larvae hatching from these eggs die.

Agriculture, especially the growing of crop plants, is a complex and sensitive biological system, the success of which is determined by a large number of factors. These factors must be considered as a whole. It would be a mistake to overestimate the effect of only some of them and on the other hand to underestimate the others. A successful agriculturalist has [always] been and must be not only an economist but also an ecologist.

9832
CSO: 5400/3005

WEST GERMANY PROVIDES AID IN BATTLE AGAINST GRASSHOPPERS

Tenanarive MADAGASCAR-MATIN in French 9 Apr 82 pp 1-2

[Text] Once again German-Malagasy cooperation holds center stage. Eight months after the big "council of war" held in Ambatomena by all those responsible for the anti-acridian campaign on the island--a meeting at the end of which it was publicly announced that the danger presented by these small insects equipped with two threadlike antennae and commonly called grasshoppers by the entire agricultural sector is increasingly alarming and that the means available to the Ministry of Local Administration [tutelle] far from meet the needs--the FRG has not remained insensitive to this "SOS."

A large shipment of equipment for the anti-acridian campaign was unloaded yesterday from an Air Madagascar Boeing 747. Several hours later, the equipment was officially turned over to Rabe Raphael, secretary general in the Ministry of Agricultural Production and Agrarian Reform [as published; MDRRA], by Mr Von Stechow, first counselor of the FRG embassy in Tananarive.

Rabe Raphael described the current invasion of grasshoppers over a total area of 1 million hectares as unequivocally "a national scourge." The FRG's contribution to this "battle," which comes to us after a "very brief delay," was stressed by the secretary general, as was the "quality and quantity" of this cooperation. In this connection, he refused--because it would have taken too long--to cite other activities of his ministry that are receiving assistance from the FRG. As an example, however, he spoke of the widely known operation FIFABE [expansion unknown] in the Mahajanga Faritany, which, if all goes well, will make that region into another "Malagasy rice granary"; operation "Port Berge," which is going to be started shortly (integral development) [as published]; and the road construction work that also concerns his ministry because it facilitates the shipment of agricultural products.

The absence of communication channels is a significant deterrent to regional development.

This West German gift consists of 5 tons of pesticide products (including insecticides for grasshoppers!), 20 Honda Cross 185 cm^3 motorcycles with spare parts and 70 superlight, motor-driven sprayers. The total shipment is worth 59 million Malagasy francs. Moreover, a West German expert in anti-acridian matters is expected in Madagascar in the near future. And a sum of about 400,000 Malagasy francs for the maintenance of these materials will complement the aid figure.

Von Stechow, first counselor of the FRG embassy, who represented the Bonn government at this small ceremony accompanied by his colleague, Rolf Herden, in his own way also emphasized the danger to the Malagasy economy represented by the resurgence of grasshoppers in cultivated areas. He spoke of the FRG's cooperative solidarity with Madagascar. One example among others: yesterday's gift, which will be of great utility to us but which is far from meeting our needs.

The situation is now becoming increasingly alarming. The whole country is threatened by grasshoppers except for the eastern region, which is basically forested and climatically unfavorable to the return of these small insects. The "council of war" in Ambatobe reported that 250,000 to 300,000 hectares of cultivated land require "serious treatment with anti-acridian products." MDRRA supplies at that time and even today of such products are inadequate to meet the needs of 70,000 hectares. Thanks to this West German aid, we will now be able to meet our most pressing needs.

President Didier Ratsiraka personally and Prime Minister Desire Rakotoarijaona are closely following developments in this sector. The "endangered areas" include the Ejeda-Ankaraobato-Ambovombe-Ihosy-Morondava region. The areas of Ambatondrazka, Tsiroanomandidy, Imerintsiatoskia, Antsirabe, Fianarantsoa, Vohemar and Antsiranana are also involved.

8143
CSO: 5400/5953

RETHINKING OF MEALYBUG CONTROL MEASURES URGED

Lagos DAILY TIMES in English 12 May 82 p 21

[Text] THERE is the recent story of a man who had been suffering from an incurrable skin disease that resembles craw-craw. After trying out all sorts of self-medication without success he decided, at last, to seek medical attention.

The first doctor, after looking at the ugly skin erruptions asked: "Hmmmm! My friend, for how long have you got this diseases?" "Since the dry season of 1979, sir" came the prompt reply.

"I have a medicine for your sickness which should be rubbed all over your body. My friend, when rubbing this medicine tie a cloth over your nose and your mouth so as to keep off the poisonous vapour. After five minutes, wash it off. A drop of the medicine in drinking water can wipe out your entire village".

The patient got disillusioned. "This doctor's medicine is more dangerous than the craw-craw" he murmured. He then threw away the medicine and proceeded to the next doctor. The doctor, after contemplating the deplorable morale of his patient warmed up at last:

"My friend, I can cure you of this craw-craw. There is a new method which I have discovered recently which is to introduce a parasite of craw-craw. I can introduce a germ which feeds on craw-craw. This is called biological control.

But the danger is that after eating all the craw-craw, this germ could multiply very fast and may begin to attack even the cells of the body. I say, may" "Give it to me", yelled the patient. "Let me be free from this disgraceful craw-craw".

That patient in this story is the Nigerian farmer whose cassava harvest is menaced by mealybug and its "running mate" the green spider mite. The first doctor is the Ministry of Agriculture and Extension Services; the second doctor is the Ministry of Science and Technology.

Every now and again we hear news that new pesticides have been discovered against mealybug. The next dry season we see the mealybug very active in the countryside, torturing cassava foliage, squeezing their foliage, amputating the shoots and laying stems to waste.

As a result of this attack, the harvested tubers simply look like drumsticks!

Now that the National Assembly has voted an enormous sum for mealybug eradication, it is about the right time now that we assess the effectiveness of our pest erradication measures.

Chemicals

The ministries of agriculture and extension services all over the federation distributed the following plant protection chemicals to farmers in the fight against mealybug. Undane E 20 Folithion, Rogor and Demecon. How do these unsophisticated farmers use them? Open your ears wide and hear news reports.

In Anambra State last May, five villagers died because they ate vegetables which had been ignorantly sprayed with these dangerous chemicals. Since this disaster, pregnant women have refused to eat leafy vegetables and fruits for fear that they might have been contaminated with insecticides.

In our multiple cropping system you soon discover that the farmer who is spraying against mealybug is also spraying on yams, vegetables, cocoyams, okro and melon at the same time. Spraying against mealybug seems to be more suitable for extensive, mono-crop plantations.

The carelessness of our untutored villagers contributes a lot to deaths. In one case, at Awka, a youth drank with a cup which had been used for mixing the dipping insecticide. The water had not gone beyond his throat when he noted the strange taste and expelled the water. All the same he spent a month in hospital.

CSO: 5400/5995

BRIEFS

PROGRESS SEEN IN BARK-BEETLE FIGHT--"If the forest owners continue the fight, it will be possible to get rid of the bark beetles this year. All beetle traps must be put in place as soon as possible. Forest owners who neglect this can suffer a big setback," warned Director of Forests Hans Kr. Seip of the Ministry of Agriculture. Beetle traps must be placed on all stump flats which have been cut in the last two years. Moreover, the cutting of newly attacked trees must be given priority this summer. This is an effective control method. New emphasis will be given to the campaign of "searching out and cutting" of newly attacked timber. The Ministry of Agriculture has 15 million kroner at its disposal for this purpose. Even though damage from bark beetles was significantly less in 1981 than in 1980, there are still many bark beetles in Ostland [the region east of Oslo] and in eastern parts of Sorland Province. [Text] [Oslo AFTENPOSTEN in Norwegian 1 Jun 82 p 3]

CSO: 5400/2163

TANZANIA

AERIAL SPRAYING OF GRAIN EATING BIRDS

Dar es Salaam DAILY NEWS in English 8 May 82 p 1

[Text]

TABORA: Aerial spraying of the grain eating Quelea Quelea has started in Igunga District here where the birds have wreaked havoc on this season's grain crop.

An official of the Igunga District Development Directorate told *Shihata* in Tabora that a helicopter had been dispatched after a survey team from the Bird Control Unit at Manyoni ascertained the spread of the birds into the district.

The birds were spotted in Igunga two months ago but were later reported to have spread to neighbouring districts of Nzega and Tabora where they attacked paddy and millet farms.

CSO: 5400/5998

STRUGGLE TO PROTECT WINTER-SPRING RICE CROP VIEWED

In Thai Binh, Thanh Hoa

Hanoi NHAN DAN in Vietnamese 15 Apr 82 p 1

[VNA Release: "Thai Binh and Thanh Hoa Have Concentrated on Taking Care of Fifth-Month Spring Rice, Preventing and Eradicating Disease and Insect Damages"]

[Text] The fifth-month spring rice crop in Thai Binh has developed satisfactorily, but about 10,000 hectares of the rice have been damaged by diseases and insects, of which more than 4,000 hectares have suffered from blast. In areas with blast, vegetation protection units and cooperative members have sprayed epidemic clusters and have thoroughly drained water where feasible to fertilize rice plants with powdered lime and ashes along with puddling. The districts have identified blast originating spots and held field meetings of vegetation protection directors, unit leaders and cadres to unify actions on preventing and eradicating disease and insect damages.

Experienced cadres selected by the provincial agriculture service together with vegetation protection stations have come to blast areas to guide prevention and eradication. The Agricultural Supply Corporation has sent from 3 to 4 tons of kitazin to each district and tens of motor sprayers to areas of disease and insect damages.

Implementing product contracts, sectors serving agriculture and collective farmers in Thanh Hoa province have emulated in caring for, fertilizing, and protecting the fifth-month spring rice crop so as to reach an average yield of 24.5 quintals per hectare. Up to 10 April, the cooperatives weeded and applied fertilizers twice to the entire area of fifth-month spring rice and applied fertilizer three times to 50 percent of the area. Seventh percent of the rice crop area in Tho Xuan, Hoang Hoa, Trung Son and Hau Loc districts was weeded three times.

The water conservancy sector has secured irrigation for more than 80 percent of the rice area. The Song Chu and Bac Song Ma Irrigation corporations implementing contracts to water regularly, have flushed 50 to 65 percent of the area from acidity and salt for the new rice cultivation. The entire province has applied an additional average 3 tons of organic fertilizer per hectare, thus bringing the average amount of fertilizer used to 9.4 tons per hectare since the beginning of the crop season. Nearly 20,000 hectares of intensive cultivation rice in key rice areas of the province have received from 10 to 12 tons of animal manure and from 200 to 300 kilograms of nitrogenous fertilizer per hectare.

Due to prolonged humid weather, blast has appeared in many localities. Thanks to early discovery and to the chemicals available, in the last 15 days of March vegetation protection cells sprayed two or three times, thus rescuing 3,000 hectares of rice plants seriously affected by blast damage. The entire province has enough fuel in reserve to operate pumps, has equipped farmers with more than 400 additional hand-operated spray tanks and has sent a quantity of insecticides to each cooperative to actively prevent and exterminate leafhoppers and various insects and diseases damaging rice plants near the end of the farming season.

Battling Pests

Hanoi QUAN DOI NHAN DAN in Vietnamese 16 Apr 82 pp 1, 4

["Localities Throughout the Country Are Strengthening Inspection, Prevention and Elimination of Insects and Diseases, Taking Good Care of Fifth-Month-Spring Rice Crop"]

[Text] Hai Phong--More than 4,000 hectares of rice are being damaged by insects and diseases (essentially stem borers, leaf rollers, blast, etc.); this is about 10 percent of the entire crop area. The infestations are tending to spread rapidly.

Along with providing additional sprayers and supplying additional insecticides to vegetation protection cells and units, the districts have directed the cooperatives in guiding cooperative members' families to coordinate the use of various herbal insecticides.

The six suburban districts of Hai Phong have established one main insecticide spraying unit in each district, which stands ready to support the cooperatives that are seriously infested by insects and diseases and to try to eradicate clusters of insects and diseases upon discovery.

Vegetation protection stations of coastal districts have provided guidance to cooperative members' families on farm sanitation, rational water management, and keeping ricefields from being acid or salty, which is a favorable condition for insects and diseases to develop and harm the salt tolerant rice varieties that have been recently introduced for large-scale sowing and transplanting in this locality.

Bac Thai--In the northern area of the province many clusters of leaf folders have appeared while the central and southern areas have had rice mealy bugs, brown planthoppers, stem borers, silver-leaf disease, and even blast. The localities have mobilized the people to combine the use of chemicals with that of popular prescriptions, and to use combs to comb insects off; to organize insect hunts and the hunting of butterflies of stem borers and leaf rollers with lighted traps, and to use poisons and poisonous leaves to kill rats and rice mealy bugs. The province has also supplied the cooperatives with additional insecticides, including hopper exterminating poisons, and inspected and repaired more than 500 chemical sprayers. Many insect and disease preventing and eradicating cells of cooperatives in Phu Binh and Dai Tu districts and in Thai Nguyen city have worked efficiently. The province has also reinforced its insect and disease preventing and eradicating unit and is preparing to establish additional vegetation prevention stations in Phu Binh and Bach Thong districts.

The districts have sent technical cadres to cooperatives to guide cooperative members in mixing chemicals to insure proper amount of chemicals per area unit, heighten chemical efficiency, and avoid waste.

Hanoi--Hundreds of cooperatives in Gia Lam, Dan Phuong, Phuc Tho, Ba Vi, Dong Anh and Hoai Duc districts have produced from 1,000 to 2,000 additional tons of manure to fertilize rice plants when they are in boot. In this fifth-month spring crop season, the Hanoi Agriculture Service has made a timely shipment of 7,000 tons of nitrogenous fertilizers, the highest amount ever, to cooperatives; Hanoi is weeding nearly 10,000 hectares of rice for the third time.

Brown planthoppers have appeared in a number of ricefields in the suburban areas of Hanoi with an average of four to five hoppers per square meter. In order to satisfactorily prevent and eradicate the insects that damage rice plants, along with sending more than 110 tons of insecticides of various kinds to the districts, Hanoi has opened training courses to teach cooperative core cadres and vegetation protection units how to prevent and eradicate insects and has simultaneously directed the coordination of the State, the cooperatives and cooperative members to unite in preventing and eradicating rice damaging insects and diseases.

Gia Lai-Cong Tum--Farmers in Gia Lai-Cong Tum Province are concentrating on taking care of ricefields, applying fertilizers and protecting rice plants at the end of the crop season. By the end of March nearly 5,000 hectares had received fertilizers for rice plants in boot and, in general, rice plants have grown satisfactorily with few insects and diseases.

Production installations in the province are reinspecting the whole area and are applying fertilizers in time so as to bring uniform development to the rice plants. Nearly 1,000 agricultural production collecting and cooperatives have provided additional workers for vegetation protection cells and units along with strengthening and consolidating agricultural irrigation development and management cells and teams, repairing drainage pipes and ditches in time to avoid leakage, and maintaining reserve water to prevent drought, especially when rice plants are in boot and bloom.

Ha Tuyen--In the first 10 days of April, cooperatives in rice areas of Son Dong, Yen Son, Ham Yen, Chiem Hoa, Na Hang and Bac Quang districts and of Tuyen Quang city weeded and applied additional fertilizers to nearly 10,000 hectares of fifth-month spring rice, including thousands of hectares of hopper resistant to be used for seed rice and have been weeded and fertilized two or three times. A number of ricefields infected with leaf yellows have been taken good care of by contractors and have turned green again.

Cooperatives in the province have also prepared more than 12,000 tons of manure, tens of tons of powdered lime, nitrogenous and phosphoric fertilizers and insecticides, hundreds of sprayers, etc. to protect flat and terraced ricefields until harvest.

Southern Provinces

Hanoi NHAN DAN in Vietnamese 18 Apr 82 pp 1, 4

[VNA News Release: "Prevent and Fight Blast To Protect Rice Crops in the Southern Provinces"]

[Text] In recent years a number of dangerous, main diseases and insects have tended to develop vigorously, regularly causing serious, widescale or localized damage in a number of winter-spring and summer-autumn rice areas of the South. Besides harmful insects such as brown planthoppers, stem borers and leaf rollers, and diseases such as silver-leaf disease and dry stripes, by the winter-spring 1981-82 season blast appeared suddenly and developed very strongly, causing serious local damages throughout the provinces. At its peak, blast damages more than 50,000 hectares, especially in Tien Giang, An Giang, Dong Thap, Ben Tre, Cuu Long, Lam Dong, Phu Khanh and Nghia Binh provinces. The reason is that the widely used short-term main high yield rice species such as NN3A, NN8A, and NN7A, have the common characteristic of resisting brown planthoppers but are contaminated by blast. Because the disease germ is already in the species and because they are constantly moved from one spot to another, from one rice crop season to another, and from one rice bed to another, on encountering favorable conditions the disease will develop causing damage to the rice. Errors and shortcomings in farming will create favorable conditions for the appearance of the disease, thus harming rice plants. They are: sowing and transplanting too late, applying nitrogenous fertilizers in unbalanced proportions with other fertilizers and more than 30 days after transplantations or 40 days after sowing or over fertilizing so as to feed boot and seed when rice plants are growing or applying excessive nitrogenous fertilizers to dry fields, etc.

Second to brown planthoppers, blast is the most dangerous target to aim at for vigorous eradication along with paying attention to preventing and fighting other insects and diseases that damage rice plants, thus protecting the summer-autumn and winter-spring rice crops.

The Ministry of Agriculture requires that agricultural services satisfactorily carry out the following systematic, comprehensive preventive and eradicating measures against blast:

--Widely use the appropriate blast resistant rice varieties selected by the ministry to replace those infected varieties; it is necessary to use them immediately in the 1982 summer-autumn and winter-spring crop production so as to decrease expenses and achieve quick results. For the summer-autumn crop production where there are not enough of the disease resistant rice varieties for the replacement, it is necessary to select the old varieties which are less prone to being infected, such as NN3A and NN8A as the main seed varieties. Areas with little disease can partly use variety NN6A. We must try to limit the use of variety NN7A to a minimum for it is seriously disease prone. Use variety NN3A as main seeds on sites of high ricefields, dry broadcast ricefields and terraced ricefields for broadcasting and transplanting at the earliest time in the crop season. Variety NN8A must be used as the main variety on moderately marshy, low sites and can be planted later in the season, thus avoiding water logging near the end of the season. Variety NN6A is most appropriate for the summer-autumn season, but due to its being seriously susceptible to being infected, it is to be used only in areas of fluvial alluvial soil. In areas of less infection, it is necessary to satisfactorily prevent and eradicate the disease, advancing toward introducing disease resistant varieties.

The provinces must consider varieties of great promise such as IR-13240-10-1, IR-13240-53-6, and IR-9129-162-3-2-2 which are resistant to blast and brown planthoppers, and to reach high yield.

--Along with seed use, it is necessary to comprehensively apply other preventive and eradicating measures that are appropriate to the characteristics of each locality. Each locality needs to base itself on the characteristics of the aforementioned rice varieties to determine the optimal sowing and transplanting schedule for each rice variety on both large- and small-scale sites.

--Following each harvest, it is necessary to satisfactorily organize the cleaning up of ricefields, paths, and rice beds, and coordinate dryland plowing with land drying, eradicating disease germs, and weeding.

--It is necessary to closely guide the application of various kinds of fertilizers with proper proportions and in time so as to prevent diseases and reach high yield.

--Treat rice seeds bearing disease germs with hot water of 50°C (three parts boiling water mixed with two parts cold water) or with chemicals under guidance by vegetation protection cadres.

--The density of the sowing and transplanting must be reasonable and suitable for intensive farming, for disease prevention and eradicating, and for weeding.

--There must always be water in ricefields. Seed sowing in areas with frequent drought at the beginning of crop seasons on dry-land and terraced rice areas must be carried out when proper humidity is available.

When blast has developed into epidemic, it is necessary to scrupulously carry out the following regulations:

--Do not apply nitrogenous and potash fertilizers to rice plants at any time, do not drain water from ricefields and do not let ricefields dry up. Early in the morning when there is stagnant dew on rice leaves and stems, it is necessary to draw strings taut to jerk dew off onto the soil, keeping them dry. Do not weed and puddle. Return to normal care only after complete recovery from disease.

--Use from 1.5 to 2 liters of kitazin liquid diluted with water to be sprayed uniformly on each hectare; after 5 or 7 days respray or use 20 kilograms of kitizin powder per hectare.

In order to satisfactorily carry out the preventive and eradicating task against blast in the 1982 summer-autumn, it is necessary to do the following immediately:

--Control the quantity of rice varieties that are less contaminated, such as varieties NN3A and NN8A, available in installations so as to settle imbalances between localities of surplus and shortage.

--Each province and district must immediately recapitulate its recent experience in preventing and struggling against blast, incorporate scientific and technological advances, and set up a system of concrete preventive and eradicating methods for each locality.

--From central to regional echelons it is necessary to establish comprehensive, long- and short-term plans on preventing and struggling against blast, the key point of which being to identify seeds meeting the three standards of resistance to blast, resistance to brown planthoppers, and high, stabilized yields.

--Strengthen guidance over the system of vegetation protection stations and farms so as to satisfactorily carry out the estimating and forecasting task.

Insect, Disease Elimination

Hanoi NHAN DAN in Vietnamese 20 Apr 82 p 2

[Article: "Prevent and Eliminate Insects and Diseases Damaging Winter-Spring Rice Crop"]

[Text] In recent months the weather in the north was cloudy with high humidity (the average temperature was below 20°C, and the humidity was 85 percent), thus leading to the development of several varieties of insects and diseases, of which blast was most noticeable, that have damaged the winter-spring rice.

Provinces having several areas with insects and diseases have been Thanh Hoa, Ha Nam Ninh, Binh Tri Thien, and Thai Binh. It is necessary to expeditiously inspect ricefields, categorize areas of rice damaged by insects and diseases, especially those ricefields with blast, and apply eradication measures in time. According to estimates by the Vegetation Protection Department, the blast area in this season may be nearly 100,000 hectares because of unbalanced application of nitrogenous fertilizers and of a too thick sowing and transplanting. About 50 to 60 percent of this area is to receive preventive and eradication measures.

Be attentive to the development of blast when rice is maturing rapidly particularly when the rice is heading which is when the disease causes its greatest damage.

Pay attention to preventing and eliminating brown planthoppers on early transplanted rice plants because although there are not many of these planthoppers, they can develop rapidly and cause harm in the coming months when there will be thunderstorms with intervening rain and sunshine.

Vegetation protection forces must have chemicals, pumps, fuel oil, diesel and kerosene available so as to eliminate brown planthoppers in time. Cooperatives in coastal and intensive cultivation areas must pay attention to rice leaf folders that harm MN8 and MN75-10 rice from mid-April on. It is necessary to take preventive measures against stem borers that harm late spring rice crop areas and against rice bugs on hilly lands. Along with preventing and eliminating insects and diseases that damage winter-spring rice crop, the localities need to have appropriate preventive and eliminating measures against the insects and diseases that damage soy, corn, jute, sugar cane, etc.

Build, consolidate and perfect the vegetation protection network at the district and cooperative levels. Try to see to it that from 60 to 70 percent of the districts have vegetation protection stations. Signing economic contracts with districts and cooperatives to prevent and eliminate insects and diseases is a way for vegetation protection stations to fulfill and heighten the production responsibility of those who are in science and technology.

Vegetation protection cells and units must inspect ricefields regularly, discover the development status of insects and diseases on every ricefield, and coordinate uses of chemicals and herbal insecticides. They must closely manage insecticides and have measures to use them very efficiently. Use insecticides with focus on the "four rights" (right chemicals, right time, right place, and right techniques), insuring safety to humans and domestic animals and high yields to crops.

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END

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21 JUNE 1982

Worldwide Report

EPIDEMIOLOGY

No. 283

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21 June 1982

WORLDWIDE REPORT

EPIDEMIOLOGY

No. 283

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MALARIA CASES INCREASE 60 PERCENT NATIONWIDE IN 4 YEARS

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 1 May 82 p 16

[Text] In the past 4 years, malaria cases in Brazil have increased by 60 percent, from 120,000 cases in 1978 to 197,000 recorded by the Health Ministry in 1981, with 99.5 percent occurring in the Amazonia Legal. It was on the basis of these figures, surprising to malaria researchers, that the First National Meeting of Malaria Experts held yesterday at the Institute of Tropical Medicine, Sao Paulo University (USP), called malaria "a major national project that has been neglected by the authorities."

A preliminary paper to set up a national malaria research program and request financing from FINEP (Funding Authority for Studies and Prodects), an agency of the Federal Planning Secretariat, was prepared at the meeting. The CNPq (National Scientific and Technological Development Council) and SUCAM (Superintendency for Public Health Campaigns), under the Health Ministry, are also financing this research at the present time.

According to Wilson Chagas de Araujo, the FINEP representative at the meeting, that agency is enthusiastic about the project and will try to develop new malaria study groups, besides helping the teams that have already been set up. Although the total amount of resources to be specifically allocated to malaria research has not been determined, Araujo pointed out that the FNDCT (National Scientific and Technological Development Fund) increased its budget for FINEP research by 110 percent this year.

According to Carlos Corbett from the USP Medical School, the idea of organizing a national meeting of researchers arose in February during the Tropical Medicine Congress, where many papers on malaria were presented, demonstrating a new scientific interest in the disease. Since SUCAM's budget is quite small, the researchers joined together to demand more funds from FINEP. The research problem is a very serious one, Corbett explained, since univeristies do not have their own funds for scientific projects.

Although USP and UNESP (Julio de Mesquita, Jr Sao Paulo State University) have campuses in the Amazon, they began using them in the medical area, and specifically for malaria, only a short time ago. The Northern universities only have a campus area, but not the resources to set up the laboratory facilities needed for research, according to Corbett. As for research institutes in that region, they mainly send expeditions into the jungle to collect material for later study.

In the opinion of Marcos Boulos, from the USP Infectious Disease Clinic, the government could prevent malaria cases by investing more money in health projects, and not just in economic programs. Aside from the financial issue, the large economic projects in Amazonia Legal--that covers 52 percent of the country--also contribute to transmitting the disease, since they cause large migrations of non-immune people into a highly endemic area.

According to the experts, the government seldom tries to implement preventive projects in the region. An exception was made when the hydroelectric power plant was built in Tucurui, Para, and a hospital was set up there. The new agricultural frontiers and mining claims are also becoming dangerous. The experts explained that the first meeting hopes to encourage training in entomology (to study the transmitting mosquitos). With the discovery of DDT in 1940, people believed that mosquitos did not need to be studied any longer because they would naturally be eliminated. This did not happen, and some insects developed an immunity to DDT.

Besides being a very serious illness, malaria should be a national priority, Corbett added, because over a period of time people living in endemic areas lose their ability to work, and the Amazon covers half the country.

9805
CSO: 5400/2147

REPORT EXAMINES DISEASE INCIDENCE IN AMAZON REGION; GOVERNMENT SCORED

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 16 Apr 82 p 16

[Text] The high incidence of malaria and tuberculosis and the endemism of yellow fever in the Amazon region, which also has a low food production requiring imports of basic commodities from the south, are the main health problems of the local population today. This is what Durval de Araujo Goncalves, a public health officer, would have reported to the Congressional Investigating Committee (CPI) on Hunger if it least one of its members had shown up to hear him.

The 72-year-old public health officer, who travelled from Roraima in response to the CPI's invitation, waited from 1000 hours to noon yesterday for a member of the committee to arrive to hear his testimony. Instead, he had to leave the Congress a copy of his statement, "which could have been more detailed if I had been able to speak and answer questions," Durval de Araujo Goncalves, currently in charge of inspecting ports, airports and border posts in Roraima Territory, explained.

In his paper, the health officer, who has spent most of his professional career working for the Superintendency for Public Health Campaigns (SUCAM), criticized the federal government for failing to exercise stricter control over expenditures and use of public monies and condemned the "political game" that impedes development of the Roraima region. Giving the background of the various governors of the territory, Durval Goncalves pointed out that "the poor and even the better-off people living in Roraima cannot feed themselves adequately because of the play of political interests." According to what he said, these interests "have up to now prevented the region from having an economic base and from obtaining the most common foodstuffs."

The doctor's paper also denounced the leprosy problem in the Amazon region: "With the closing down of the Aleixo Leprosarium in Manaus, all the lepers became beggers in the main streets of the city and many were hospitalized in Roraima, Rondonia, or any other place where they could survive." According to Durval Goncalves, this disease began to become a major concern in Roraima Territory in 1976, when there was a considerable increase in lepers. The doctor believes that the policy of closing down sanitariums, on the basis of the argument that lepers need to be integrated into society, will not serve any purpose without a support program behind it.

9805
CSO: 5400/2147

BRIEFS

HEPATITIS IN SANTA BRANCA--With a new case recorded yesterday, the number of people with hepatitis in Santa Branca municipio since January has increased to 44. Although the incidence has abated in recent weeks, the head of the local health center, Eloino Gomes dos Santos, believes that new cases could still appear. Most people, however, feel that the outbreak is under control, since the city government decided to follow a decision by CETESB [Basic Sanitation Technology Company] and began channeling the open drains that spill into Barretos River to the place where the treatment station receives the water consumed by the people. All the same, the head of the health center is asking CETESB to evaluate the measures already adopted by City Hall, from among those recommended, so as to have "an idea of the solution to the problem." [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 7 May 82 p 15] 9805

CSO: 5400/2147

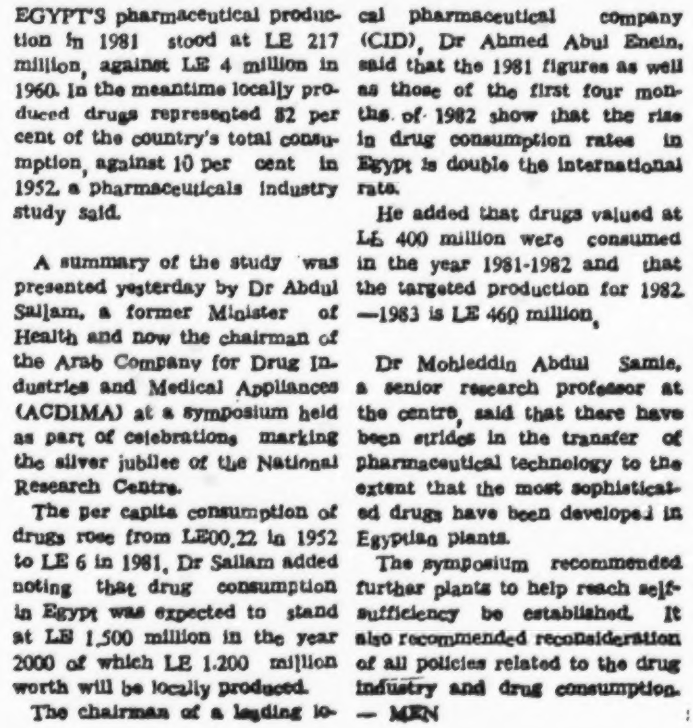
BRIEFS

'RARE EPIDEMIC' IN CAQUETA--Florencia, 6 May--Six children died this week in the town of Solano as a result of a rare epidemic, said the mayor of this town, Omar Antunduaga. The malady is manifested through fever and nausea. It has not been possible to control the disease, owing to the lack of medical supplies, added the official, who made an anxious appeal to the regional authorities for medical personnel capable of meeting the emergency. The Caqueta Branch Service of the Department of Health did not know the origin of the disease and arranged to send a committee for preliminary medical evaluation and analysis, for the purpose of accurately diagnosing the disease. Experts in the Branch Service of the Department of Health attributed the pathology to a virus of the plasmodium genus, which finds a favorable medium for development in winter. The Solano area is considered to be one of the most malarial in the department. [Text] [Bogota EL TIEMPO in Spanish 7 May 82 p 3-A] 8255

CSO: 5400/2158

PHARMACEUTICALS INDUSTRY GROWS

Cairo THE EGYPTIAN GAZETTE in English 23 May 82 p 3



[Text] EGYPT'S pharmaceutical production in 1981 stood at LE 217 million, against LE 4 million in 1960. In the meantime locally produced drugs represented 82 per cent of the country's total consumption, against 10 per cent in 1952, a pharmaceuticals industry study said.

A summary of the study was presented yesterday by Dr Abdul Sallam, a former Minister of Health and now the chairman of the Arab Company for Drug Industries and Medical Appliances (ACDIMA) at a symposium held as part of celebrations marking the silver jubilee of the National Research Centre.

The per capita consumption of drugs rose from LE00,22 in 1952 to LE 6 in 1981, Dr Sallam added noting that drug consumption in Egypt was expected to stand at LE 1,500 million in the year 2000 of which LE 1.200 million worth will be locally produced.

The chairman of a leading local pharmaceutical company (CID), Dr Ahmed Abul Enein, said that the 1981 figures as well as those of the first four months of 1982 show that the rise in drug consumption rates in Egypt is double the international rate.

He added that drugs valued at LE 400 million were consumed in the year 1981-1982 and that the targeted production for 1982—1983 is LE 460 million.

Dr Mohieddin Abdul Samie, a senior research professor at the centre, said that there have been strides in the transfer of pharmaceutical technology to the extent that the most sophisticated drugs have been developed in Egyptian plants.

The symposium recommended further plants to help reach self-sufficiency be established. It also recommended reconsideration of all policies related to the drug industry and drug consumption. — MEN

CSO: 5400/5015

NEW BLOODBANKS PLANNED

Cairo THE EGYPTIAN GAZETTE in English 25 May 82 p 2

[Text] THE Ministry of Health has worked out a plan to open six blood banks in the governorates of Cairo, Alexandria, Assiut, Ismailia, Gharbia and Dakahlia at a total cost of L.E. 10 million. The plan also includes the development of another five blood banks at other governorates, Dr. Kamal Abdul Moniem, Director of the Blood Banks Department at the Ministry of Health, announced yesterday.

The new blood banks will be provided with the latest equipment to examine the stored blood periodically and to discard the blood samples infected with any micro-organisms.

The number of blood donors has been increased due to the Ministry's blood donation campaign last year, Dr. Abdul Moniem said. The number of blood sacs that have been collected reached 242,000 last year with an increase of 81.3 percent in comparison with 1980, he added.

The long-term plan of the Ministry of Health aims at establishing a central blood bank in evenry governorate. These central banks will be provided with blood research laboratories and a number of computers to provide any required date on the spot.

The Ministry of Health has urged all political parties and medical associations in Egypt to participate in a national campaign for blood donation in a bid to cover the actual needs of hospitals, Dr Abdul Moniem pointed out. — GSS

CSO: 5400/5015

BRIEFS

DISEASE PREVENTION MEASURES--Phnom Penh, 15 Apr (SPK)--Preventive measures against contageous diseases were taken at the beginning of this dry season in various localities of Kandal Province. About 400,000 persons, that is the population of Leuk Dek and Dangkao Districts, were vaccinated against cholera. The health service is also worried about malaria and tuberculosis which have appeared in some localities. In 1981 the provincial health service treated more than 900,000 patients and delivered 7,000 women. Twenty-two thousand patients were hospitalized. Kandal Province now has a hospital, 11 district dispensaries and 167 communal infirmaries. [Phnom Penh SPK in French 0400 GMT 15 Apr 82 BK]

CSO: 5400/5613

BLACK FEVER VECTOR FOUND

Kathmandu THE RISING NEPAL in English 12 May 82 p 6

[Text]

Janakpurdham, May 11-

The sand flies (mosquito) that is known for spreading the black fever is found in Dhanusa, Mahottari and Sarlahi districts, reports RSS.

Some persons have also been affected by the disease

According to the Nepal Malaria Eradication Association, Dhanusha district office, a team has already arrived here to investigate about the disease and a detailed report will be available by next month.

Preliminary works have also been done for the use of new medicines on the malaria patients.

Meanwhile, spraying of malathion has started in the southern parts of Dhanusha, Mahottari and Sarlahi districts for eradicating malaria.

According to the district office a population of 437, 554 in the Nepal-India border is to be protected from malaria through the work conducted here. Altogether 958 employees are engaged in the task.

The area was once considered free from malaria and the number of malaria patients is growing at present especially from last year. Spraying of malathion has started now as DDT has been found resistant to the mosquitoes.

Two malaria eradication volunteers have been deputed to each village panchayat in Dhanusha, Mahottari and Sarlahi for detection and necessary assistance to the villagers.

The Janakpur zonal hospital is also geared to provide the results of the blood test to each patient within an hour.

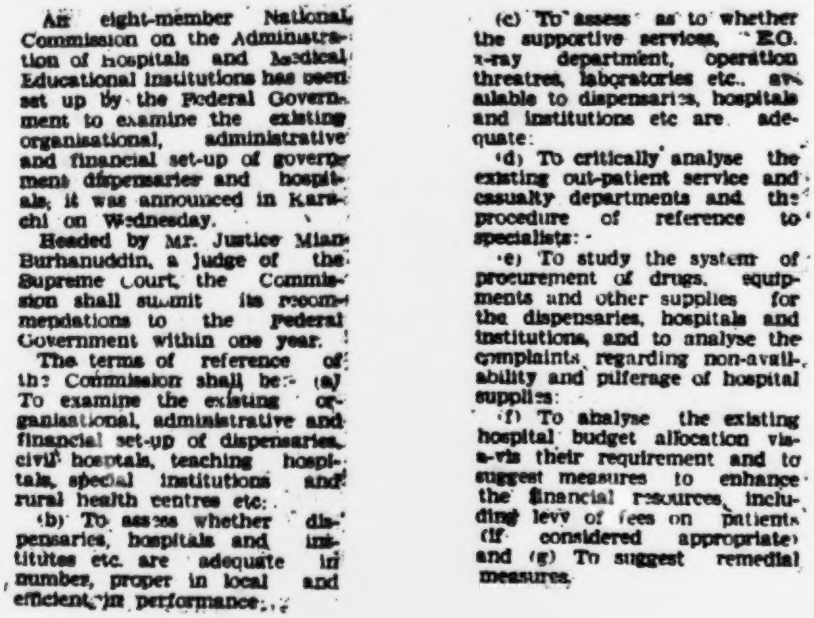
About one thousand persons are learnt to have been infected by malaria and mosquitoes are suspected to have transferred the disease from those who come from India.

CSO: 5400/5600

MEDICAL COMMISSION SET UP FOR ADMINISTRATION OF HOSPITALS

Karachi DAWN in English 27 May 82 p 10

[Text]



An eight-member National Commission on the Administration of hospitals and Medical Educational institutions has been set up by the Federal Government to examine the existing organisational, administrative and financial set-up of government dispensaries and hospitals, it was announced in Karachi on Wednesday.

Headed by Mr. Justice Mian Burhanuddin, a judge of the Supreme Court, the Commission shall submit its recommendations to the Federal Government within one year.

The terms of reference of the Commission shall be:- (a) To examine the existing organisational, administrative and financial set-up of dispensaries, civil hospitals, teaching hospitals, special institutions and rural health centres etc:

(b) To assess whether dispensaries, hospitals and institutes etc. are adequate in number, proper in local and efficient in performance;

(c) To assess as to whether the supportive services, E.G. x-ray department, operation threatres, laboratories etc., available to dispensaries, hospitals and institutions etc are adequate:

(d) To critically analyse the existing out-patient service and casualty departments and the procedure of reference to specialists:

(e) To study the system of procurement of drugs, equipments and other supplies for the dispensaries, hospitals and institutions, and to analyse the complaints regarding non-availability and pilferage of hospital supplies:

(f) To abalyse the existing hospital budget allocation vis-a-vis their requirement and to suggest measures to enhance the financial resources, including levy of fees on patients (if considered appropriate) and (g) To suggest remedial measures.

CSO: 5400/5608

WHO EXPERT TO HELP DISEASE CONTROL PROJECTS

Karachi MORNING NEWS in English 21 May 82 p 2

[Text]

ISLAMABAD, May 20: Dr W.A. Hassouna, world Health Organisation (WHO) expert and Director, Health and Social Research Group, Institute of National Training, Egypt will visit Pakistan from May 21 to June 3 at the invitation of Government of Pakistan.

His visit is aimed at assisting the social welfare wing, Ministry of Health in its projects and development efforts to enhance maximum community participation in disease control measures such as malaria and leprosy, it was officially announced here yesterday.

The project supported by community—oriented strategies to control malaria aims at developing most effective and comparatively economical community based methods for prevention and control of malaria within the socio-economic conditions of our country.

The project will be implemented jointly by the Directorate of Malaria Control and Ministry of Health and Social Welfare with the assistance of WHO.

Th eother project, "social and economic aspects of leprosy" has been designed with a view to identify the measures that may be helpful in the treatment and social and economic rehabilitation of leprosy patients and their families.

CSO: 5400/5608

CANCER TREATMENT FACILITY IN RAWALPINDI SOON

Lahore THE PAKISTAN TIMES in English 21 May 82 p 7

[Text]

RAWALPINDI, May 20: Lt.-Gen. Fahim Ahmad Khan, Surgeon General, Pakistan Army performed the earth-breaking ceremony of the Department of the Radiotheraphy at the Combined Military Hospital here this morning.

This is the most modern unit of the radiotheraphy, the first of its kind in Pakistan. It will provide the latest facilities of treatment to the patients of cancer.

Speaking on the occasion, Lt.-Gen. Fahim said that it would be a memorable day in the history of the Army Medical Corps, when we would have the latest treatment facility in cancer disease. He said that today the country had about six centres of cancer treatment but this department in the Combined Military Hospital would be the first centre to provide Mevatron Linear Accelerator facility for the treatment.

The two-storey building of the department will be constructed in one year at an estimated cost of about Rs. 35 lakh and latest equipment for the unit worth Rs. one crore has already been acquired. The department will have 50-bed ward besides outdoor patients treatment facilities.

CSO: 5400/5608

EMERGENCY MEDICAL FUND FOR TREATMENT ABROAD

Karachi BUSINESS RECORDER in English 21 May 82 p 3

[Text] An "Emergency Medical Relief Fund" is being set up to provide monetary assistance to needy people who can only be cured abroad, Sind Governor Lt-Gen. S. M. Abbasi informed the Council of Sind yesterday morning.

He said he himself would act as Chairman of the Board of Governors of the new Fund.

The other members of the board will include the Provincial Ministers for Health, Social Welfare and Education, the Secretary of the Social Welfare Department and three members from the public.

The Sind Governor, said that the provincial government will provide an initial donation of Rs 10 lakh for the fund.

Donations from philanthropists and well-to-do people would be welcome, he added.

He said arrangements will be made to provide the necessary foreign exchange component for sick people travelling abroad through the fund's assistance.

Lt-Gen. Abbasi stated that he felt the need for instituting such a fund after receiving many pathetic letters from sick people—especially children—who could not be cured of their ailments within Pakistan, due not to lack of skilled medical specialist, but because of a shortage of the latest hospital equipment and facilities.

Such people could only hope for a cure abroad, he continued, and the government would try to help them in a humanitarian spirit.

He said all applications for assistance from the "Emergency Medical Relief Fund" would be studied by a panel of medical experts and subjected to a case-by-case examination.

Referring to a suggestion made by a council member that Zakat money should be made available for the use of the new fund, the Sind Governor said "lump sum" allocations from Zakat revenues were not possible.

However, efforts would be made to utilise Zakat money on a case-to-case basis whenever possible, he added.

He also said that the funds earmarked for the Social Welfare Department are to be increased.

Social Welfare Minister, Begum Tazeen Faridi, welcomed the announcement made by the Sind Governor, and voiced the hope that that overseas Pakistanis and wealthy people would donate to the new fund.

CSO: 5400/5604

DIABETES REPORTED PREVALENT MORE AMONG WOMEN

Lahore THE PAKISTAN TIMES in English 21 May 82 p 5

[Text]

Diabetes is more prevalent among women than men in Pakistan, according to a survey conducted by a team of research scholars of the Research Centre of the Pakistan Medical Research Council.

A seven-year study was conducted by the team headed by Dr. Zulfiqar Haider, Director of the Pakistan Medical Research Centre at Fatima Jinnah Medical College. Dr. Fayyazuddin and Dr. Surraiya Obaidullah and a large number of medical officers, biochemists, micro-biologists and consultants included in the team.

The study covered 1,000 patients suffering from diabetes mellitus with variable duration of symptoms registered between 1972 and 1976 at the diabetic clinic of the clinical research unit of Fatima Jinnah Medical College, Lahore.

Of 1,000 patients 638 were female and 362 male patients of diabetes i.e. 63.8 per cent were women and 36.2 per cent were male patients. A vast majority of them were in the age group between 30 and 59 years and 16 patients, all juvenile diabetics were less than 20 years of age. There were 46 patients in the age group between 20-29 years.

Half of the patients were overweight, 340 had normal weight and 160 patients were underweight. The major complications of diabetes and associated conditions included hypertension (26.4 per cent), cataracts (16.4 per cent), neuropathy (17.9 per cent), ischaemic heart disease (8.5 per cent), retinopathy (11 per cent), renal stones (3.9 per cent), gall bladder diseases (2.2 per cent) and pulmonary tuberculosis (3.8 per cent).

The study team observed that diabetes mellitus in Pakistan generally conforms to the pattern seen in the temperate zones except for variation in a minority of patients. In Pakistan there had been no major changes in the dietary habits which consists of chapattis, rice, pulses, meat, vegetables and dairy products. The patients under study were drawn from socio-economic groups with a vast majority from the middle or lower middle classes.

As regards prevalence of coronary heart disease in patients suffering from maturity onset diabetes mellitus the team observed that out of 500 patients they found 45 patients with objective evidence of coronary heart disease (about 9 per cent). They said that the prevalence of coronary heart disease amongst diabetics has shown variations in different parts of the world. An incidence of over 40 per cent has been reported from the Western countries as against 1.62 per cent in Bangladesh. Some recent studies from different parts of the Indo-Pak Sub-Continent have observed 15 to [illegible] per cent of diabetics with objective evidence of coronary heart disease. "We have been impressed by the relative rarity of clinical manifest perepheral vascular disease amongst our patients. This could be due to a female prepondrance with low frequency of smoking habits and relatively fewer patients above the age of 60 years," observed the team.

CSO: 5400/5604

BALANCED MEDICAL POLICY INCORPORATING INDIGENOUS SYSTEMS RECOMMENDED

Karachi MORNING NEWS in English 20 May 82 p 4

[Text] Inaugurating the Sir Syed Homoeopathic Medical College and Hospital, established by the Hahnemannian Cancer Relief Society of Pakistan, the Provincial Health Minister Syed Ahad Yusuf said here the other day that the Government would "be giving its maximum assistance for the development of homoeopathy in the country." We are glad homoeopathy is receiving increasing attention from the authorities. Some time ago President Zia-ul-Haq had also stressed that along with the Western system of treatment (allopathy), homoeopathy and Tibb should be given an equal chance without prejudice. Both Tibb and homoeopathy have, by and large remained neglected so far as State patronage to them is concerned. Partly it is the result of lack of proper appreciation by the authorities of the exellence of these two medical systems, but mainly it is the drug manufacturing concerns which ahve used their influence to hinder the progress of Tibb and homoeopathy to protect their vested interests.

Judged from the allopathic standards, homoeopathic cures are miraculous. In some of the difficult and dreaded diseases such as organic heart troubles, mental disorders, shattered nerves and all such ailments where allopathy at best provides palliatives and temporary relief, homoeopathy effects permanent cure. Even in acute cases, it cures the trouble speedily--more quickly than one would believe without experiencing it. The ever-increasing number of people turning to homoeopathy for treatment should be able to convince any skeptic that there must be some good reason why they are attracted towards a medical science which is comparatively new, and is suffering from so many handicaps in this country.

We have written on this topic a number of times and we revert to this subject again only because a cool attitude of the Government towards homoeopathy and Tibb is hurting the interests of the nation. Neighbouring India has placed allopathy, Ayurvedic and homoeopathy on an equal footing. All the three of them enjoy the same patronage and privileges in that country.

In his recent speech, the Provincial Minister also pointed out the shortcomings of the homoeopaths who are not up to the mark in proficiency. He also suggested that homoeopaths should conduct "extensive research" in the science to make it more effective. There is no denying the standards of homoeopathy in Pakistan are low and there is practically no research on this science here. But we are afraid, the responsibility for this sorry state of affairs rests squarely with the Government which provides crores of rupees to allopathy and has also created a system for maintaining standards of allopathic education, but has left homoeopathy to fend for itself. Is it fair to demand that research in homoeopathy, and for that matter in Tibb, should be conducted purely with private resources or that their educational standards should be maintained at a high level without any official help?

We strongly feel that in the interest of the people and the country, the present lop-sided medical policy should be abandoned in favour of a balanced policy doing justice to homoeopathy and Tibb.

CSO: 5400/5604

HIGH INCIDENCE OF TUBERCULOSIS AMONG RAILWAY WORKERS REPORTED

Karachi MORNING NEWS in English 22 May 82 p 8

[Text] A very high prevalance and incidence rate of tuberculosis among railway working population groups has been reported.

According to the Medical Gazette, a fortnightly journal, a study carried out among patients of pulmonary tuberculosis, referred to the chest unit of Cairns Hospital, Pakistan Railways, Lahore, during the period from Jan. 1 to June 30, 1981, shows that among the 100 new cases of pulmonary tuberculosis attending the unit, 62 per cent were males and 38 per females.

Both among the males as well as the females, maximum distribution was found in the age group of 15-44 years, i.e. the maximum productive age group in males and that of child-bearing age-group in females was most affected. This proves that the working capability of the railway employees suffers heavily in their peak-age of 15-44 years resulting in colossal economic loss.

In a survey of Railway Loco Shed Colony, Lahore, in 1958, it was noted that the incidence of tuberculosis in males was 6.94 per cent and in females 2.53 per cent. Among males, the maximum number of cases (50 per cent) was found in age-group above 30 years, whereas in females and maximum number of cases was found in age-group of 0.14 (0-14) years. This may be due to the reason that maximum number of females of this age-group came under study in 1958.

In the present study also, the maximum number of males was found in age group of above 30 years, but among females, the maximum number belonged to the age group of 15-29 years (i.e. the prime age of child-bearing) leaving maximum stress among the females.

CSO: 5400/5604

BRIEFS

HOSPITAL BED SHORTAGE--WAZIRABAD, May. 17--The Punjab Minister for Health and Education, Ch. Hamid Naser Chatha, has said 50 per cent people of Pakistan have to travel six to seven miles to visit a hospital or dispensary. He was addressing a meeting here after inaugurating the Free Medicine Bank set up by Tanzeem-e-Tajaran Wazirabad. He said there was only one hospital bed for 2,326 person and a hospital for 180,0400 persons in Pakistan. He called upon the philanthrooists to help the government in extending health cover to the people. He said 60-bed modern hospital would be set up at Wazirabad at an estimated cost of Rs. 6 million. The construction work would be started in July this year, he added. He disclosed that Punjab Governor Lt. Gen. Ghulam Jilani Khan has granted a sum of Rs. 40 lakh from the special fund for constructing the new building of the Government Girls College, Wazirabad and the construction work would be started within next three months. The governor has also approved for establishing a technical school at Wazirabad, he added. He said the government was doing its best to provide medical care to the people and of the hospitals in the province has been doubled. [Islamabad THE MUSLIM in English 18 May 82 p 6]

CSO: 5400/5604

BRIEFS

MALARIA OUTBREAK--Diego Lorio, director of the national system for the eradication of malaria, has told this newspaper that a malaria epidemic is affecting Puerto Obaldia, San Blas and Darien. Lorio, who just completed a tour of the affected areas, said that "the area is in a state of emergency and for this reason the government has allocated a special 33,000-balboa fund to attack this problem and to keep it from spreading to other parts of the country." He noted that the situation is the result of malaria cases in Colombia, adding that the epidemic spread to Panama through illegal immigrants. [PA311219 Panama City MATUTINO in Spanish 14 May 82 pp 12A, 8A PA]

CSO: 5400/2164

BRIEFS

ARMED FORCES MALARIA CAMPAIGN--More than 400 armed forces troopers were laid low last year--not to the enemy--but to malaria. Of the 412, there were two deaths traceable to the illness. Gen. Fabian C. Ver, AFP chief of staff, yesterday told the armed forces surgeon general to start battling the disease, particularly in Palawan, Sulu, Basilan and Tawi-Tawi. This will involve the fight against the "anopheles" mosquitos, which is the carrier of the disease. The target: Breeding places like swamps and other bodies of water. The weapons: Oil and chemicals spread over the water to prevent eggs from reaching maturity. Ver directed Brig. Gen. Evaristo Sanchez, AFP surgeon general, to coordinate with the health ministry in the anti-malaria field operation. Advance teams have been sent out to require soldiers deployed in those areas to take anti-malaria drugs. [Text] [Manila PHILIPPINES DAILY EXPRESS in English 1 Jun 82 p 2]

CSO: 5400/5610

BREAKTHROUGH IN TREATMENT OF BILHARZIA REPORTED

Johannesburg THE CITIZEN in English 2 Jun 82 p 10

[Article by Marilyn Cohen]

[Text] **A NEW drug recently launched on the South African market is being hailed by experts in tropical medicine as a "major breakthrough" in the treatment of bilharzia.**

There are at least three million sufferers of bilharzia in South Africa and 200-million throughout the world.

Up to now, however, there has been no satisfactory treatment for the disease, especially in the underdeveloped parts of the world.

Drugs were administered either by injection, or patients had to take a series of tablets which they often did not do or they had to be hospitalized. The drugs often produced particularly unpleasant, and sometimes dangerous, side effects.

The new drug, Biltricide, which can be obtained only on prescription, does produce some side-effects but these are mild and disappear quickly.

More important, however, is the fact that a bilharzia sufferer requires only a single dose of Biltricide, which comes in tablet form.

In about 95 percent of cases, the bilharzia worms which invade the human body, will be killed off within 24 hours. For the other five percent of cases a second dose will probably do the trick.

"This has major implications for South Africa, especially in the rural areas where it is difficult to keep an eye on patients to ensure they take their medication properly — or to ensure that they come back for follow up treatment," Mr Colin Williams of Bayer Pharmaceuticals said at a Press conference yesterday.

The Department of Health is planning to use Biltricide in a major three pronged attack on the disease: To eliminate the disease in humans; to eliminate the water snails which harbour the eggs of the bilharzia worms; and to educate the public about how bilharzia is contracted.

"The Defence Force has also shown an interest in Biltricide because a growing number of national servicemen are contracting the disease up on the border," Mr Williams said.

CSO: 5400/5607

THAILAND

ANTI-VD MEASURES NOTED IN PATTAYA

Bangkok BANGKOK POST in English 19 Mar 82 pp 12, 13

[Text]

CONTROL of sexually-transmitted diseases (STD) is a frustrating task, lament a leading VD specialist in Pattaya.

Aside from the health risks inherent in prostitution, sanctions are weak and virtually non-existent, rendering authorities almost powerless in waging a successful war against the disease.

"Because prostitution is illegal, the law does not provide for sanctions against violators of health regulations. In principle, it does not acknowledge that any violation exists," the specialist says.

"Therefore, control procedures are merely recommendatory, and those who are afflicted with the disease actually have the choice of whether or not to submit to treatment."

It is a widely-accepted fact that many tourists come to Pattaya for its sexual attractions. And indeed, the possibilities are many and the choices varied. In South Pattaya, the hub of the resort's busy nightlife, about 100 beer bars and massage parlours offer the services of an estimated 5,000 resident prostitutes.

The number is significantly boosted by throngs of prostitutes who descend on the city for special occasions, such as during the arrival of navy ships. Activity at the strip peaks during these occasions; the number of prostitutes almost doubles the women arriving in busloads to help entertain the sex-starved sailors.

According to our source, nearly half of these sailors contract STD during their "fun-filled" visit to South Pattaya's bars. The estimate is a compilation of reports from ship doctors, who are requested to send back information on such cases, together with data on the prostitute who could have passed on the affliction.

Such information, which includes name of the beer bar and the name of the prostitute and her distinguishing characteristics, is expected to assist authorities in identifying the local carrier.

Unfortunately, however, such reports are not always helpful, as only about half of the women suspected of having STD are ever identified.

In many cases, the reports are too sketchy for positive identification; in other instances, the prostitute may have already moved on to another beer bar — without leaving a forwarding address.

If and when positive identification is made, however, the matter is reported to the beer bar or massage parlour operator and treatment is urgently recommended. Also recommended is a three-day rest for the afflicted party, until tests and treatment are concluded.

But the recommendation is not always followed. Some have refused to submit to treatment, because "it is too inconvenient," or, during the peak season, because a few days rest means substantial loss in income.

During the busy season, prostitutes reportedly average some 30,000 baht a month. Of those who do go for treatment, according to one clinic, many fail to show up for follow-up visits.

Particularly cooperative massage parlour and beer bar owners supposedly deduct 100 to 200 baht from the fees of prostitutes who refuse to go for treatment. But perhaps because the fine is meagre compared to potential lost income, many willingly suffer the fine and continue working.

Aside from these problems, other difficulties plague the war against sexually-transmitted diseases. According to our source, 40 per cent of women with gonorrhea manifest no symptoms.

Furthermore, this particular disease, which is highly infectious, can be transmitted within 24 hours to 14 days. About half of reported cases involve a gonorrhea strain which is resistant to penicillin.

Another medical practitioner expressed concern about the growing number of reports of STD cases called "non-specific urethritis," which indicates the presence of multiple infections. Such cases are reportedly difficult to treat and succumb only to a series of various treatments.

Concern has also been expressed by those from whom the sex-shopper is supposed to be protected. Complained one beer bar operator: "Everyone blames the prostitute as the transmitter of VD. What about the sailors who could have been the ones infecting the girls?"

The girls themselves are wary of sexually-transmitted diseases; according to one strip habitue, some prostitutes now screen clients and have been known to hesitate going out with men who have done the rounds of the bars and massage parlours.

The problem, one doctor acknowledged, is the highly infectious nature of the disease. With the infection passed from prostitute to client to another prostitute and so on, it is impossible and useless to identify the original transmitter.

The only thing that can be done is for the women involved in this occupation to continuously guard and protect themselves against this "occupational hazard."

At present, the effort to control and monitor sexually-transmitted diseases revolves around a small pink booklet which serves both as an ID card and as a record of check-ups. But again, procuring the card is largely optional. By some estimates, only about 80 per cent of prostitutes maintain or carry such booklets, which in many cases are irregularly updated.

PROSTITUTES

Of the card-carrying prostitutes, about half report to the VD Control Clinic, while the rest go to the six or so clinics in the city. One established clinic reportedly treats about 10 cases per day, while another admitted to receiving an average of about 100 cases per month, the number including both prostitutes and their clients.

Of late, however, measures have been discussed to improve the health situation in the city. In February, City Hall officials and representatives of the VD Control Clinic met to formulate regulations aimed at solving the problem. A subsequent forum was held between City officials and massage parlour and beer bar owners and operators to further discuss the matter.

Most suggestions at both meetings centred on the same ID booklet and record of check-ups. Among the recommendations being considered are: Standardisation of ID booklets, compulsory possession of the ID booklets and regular VD check-ups.

But because the prostitutes' health problems are, in effect, beyond the jurisdiction of the law, the onus still remains with the private sector — the beer bar and massage parlour operators.

Authorities admit that an effective campaign can only be successfully waged with the full cooperation and active participation of this interest group. Thus far, there has been little success in organising the private sector for a sustained campaign against the disease.

MEASURES

Other measures have been suggested. A local doctor volunteered that the Government, first of all, should take a strong stand against what has appeared to be merely token efforts by the private sector in combatting spread of STDs.

The former should actively solicit the participation of the private sector in policing their ranks, and in exacting high standards of hygiene from these establishments.

Another suggestion is to conduct a full-scale educational campaign for staff of hotels, beer bars and massage parlours concerning protection against and identification of the disease. This is reportedly important because some of the prostitutes possess minimal education, and are unaware of the disease and its effects. While no regular seminars are being conducted, these can be requested from the VD Control Unit.

A plausible suggestion is for hotels and travel agents to advise tourists to ask for the ID booklets from prostitutes, to ensure that the latter are free of any infection.

And perhaps the most workable one, a suggestion has been put forward for all establishments dealing with these kinds of transactions to form an organisation, for the purpose of maintaining and enforcing high health standards among its members.

These members will then be "accredited," and a sign posted outside its premises, indicating the relatively safety of patronising its "working girls."

"But finally," our source concluded, "even if all these suggestions are effectively implemented, the risk of contracting sexually transmitted diseases cannot be completely eliminated. As long as there is prostitution, there will always be the disease."

CSO: 5400/5614

BRIEFS

CHOLERA IN SURAT THANI--Surat Thani--Cholera has broken out in this province, and so far 23 people have been hospitalised in Muang District, a source said. The spread of the contagious disease was evidently a result of the drought in the south, particularly in Surat Thani. The provincial public health official Dr Somchat Chuaichan, said that cholera has been spreading from Muang District to some outlying districts since earlier this week. Dr Somchat said 23 people--9 children and 14 adults--have so far been hospitalised in Muang District. The most hard-hit area was reported to be on the banks of the Tapi River which is the source of drinking water for the local people. In Tha Chang District, three cases were reported yesterday. All health centres and health stations in the province have been ordered to have the populace vaccinated against the "inaba" strain of cholera. [Text] [BK181013 Bangkok POST in English 16 Apr 82 p 5 BK]

ANTHRAX CASES REPORTED IN NORTH--At least two people have died on anthrax passed on to them by infected cattle. Another 15 people have been admitted to the hospital at Nakhon Chiang Mai in Muang District after contracting the disease which is believed to have come from cattle illegally smuggled into the province from Burma. Provincial infectious disease control section chief Mongkhon Na Songkhla told a press conference in Chiang Mai yesterday that anthrax has been detected in three districts here--Chiang Dao, Mae Taeng and Sansai. Public Health Ministry officials in Bangkok said yesterday that teams of local public health and livestock department officials have been sent to vaccinate villagers and cattle. The officials said anthrax in human beings was first recorded in 1960. Between then and last year, more than 1,000 cases of the disease have been reported in various provinces. About 100 of the victims died. [BK090237 Bangkok POST in English 5 May 82 p 2 BK]

RABIES, DIARRHEA--Forty-six people in Thailand have died from rabies since the beginning of this year, according to a report from the Public Health Ministry. The ministry also reported that 57 people had died from acute diarrhea so far this year, and another 19,138 people had suffered from the disease. Meanwhile, the ministry's epidemiology division warned that all persons who caught rabies would die from the disease as there was no way to cure it. It said that each year between 200 and 300 people died from rabies, but few Bangkok residents died from the disease. [BK131335 Bangkok POST in English 13 May 82 p 2 BK]

CSO: 5400/5613

FEBRUARY ANIMAL DISEASE STATISTICS PROVIDED

Luanda JORNAL DE ANGOLA in Portuguese 8 May 82 p 2

[Text] In a report reaching us yesterday, the Ministry of Agriculture provided the People's Republic of Angola's animal disease statistics for February this year.

Thus, regarding African swine fever in Kuanda Kuango Province, they discovered two foci in the Menongue township.

As for bovine contagious peripneumonia, they discovered 1 focus in Kacthiongo township, Huambo Province; 5 in Mocamedes Province; 2 in Camacui township; 1 in Kilengue; and 1 in Caconda, totaling 16 foci.

In Bibala township in Mocamedes Province they discovered hematic carbuncle in 1 focus; there were 3 foci in Huila Province, 2 in Kilengue township and 1 in Caconda township.

Nine foci of symptomatic carbuncle were deteced, 6 in Benguela Province--1 in Chicomba township, 1 in Kipungo township, 1 in Kaluquembe, 2 in Xilengues, 1 in Caconda and 3 in Balombo township.

One bovine tuberculosis focus was detected in Lubenda township, Cabinda Province, and two streptricosis foci in Malanje township and 1 in Malanje Province in Macari township.

Disease	Province	Township	Focus
African Swine Fever	K. Kubango	Menongue	2
	Huila	Lubango	2
	"	Kaluguerbe	1
	"	Chibia	2
	"	Cubal	2
Total			9

Disease	Province	Township	Focus
African Swine Fever	Huambo	Katchiungo	1
	K. Kubango	Menongue	2
	Mocamedes	Camacuio	2
	"	Molovei	1
	"	Munhino	1
	"	Chicati	1
Bovine contagious peripneumonia	Huila	Gambos	1
	"	Chibia	1
	"	Kaluquembe	3
	"	Kilengues	2
	"	Kaconda	1
Total			16
Hematic carbuncle	Mocamedes	Bibala	1
	Huila	Lubango	1
	"	Kipunga	1
	"	Chcomba	1
Total			4
Bovine tuberculosis	Cabinda	Lubenda	1
Streptotricosis	Malanje	Malanje	1
	"	Mucari	1
Total			2

8870
CSO: 5400/5987

DISEASE ATTACKS THOROUGHBREDS IN MATO GROSSO DO SUL

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 4 May 82 p 40

[Article by Antonio Jose do Carmo]

[Text] A disease is decimating herds of purebred horses in Mato Grosso do Sul. The "Trypanosomaequi," the agent causing "hind-quarters disease" [cadeiras], has already killed thousands of animals throughout the state. It began appearing in the Mato Grosso lowlands, but now it is also out of control in the area close to the border with Sao Paulo.

In the Nova Andradina region alone, where there are 35,000 head, 400 purebred and half-blood horses died last year. Some ranches were left with no way to manage their cattle, with the death of animals trained as cow ponies. And this year again, the Secretariat of Agriculture has made some studied showing that the disease is recurring in various areas.

The major problem with "Trypanosomaequi" is that Brazil has not yet been authorized to make the vaccine. Veterinary medicine has recorded virtually no outbreaks of this disease in the past 30 years, and in some States such as Paulo, the disease has always been considered "nonexistent." However, according to Veterinarian Jose Rogerio Borges, who has worked for the Animal Health Protection and Inspection Department in Mato Grosso do Sul for 10 years, the spread of "hind-quarters disease" can in a short period of time endanger all the horses in the country,

The disease is spread by any fly or sucking insect such as the motuca fly, that obtains the virus from the capybara--found in great numbers on ranches in Mato Grosso--and then infects the horse. The same vectors later carry the disease to the entire herd.

The capybara, the carrier of the virus, has to resist three stages in the development of the disease: incubation, a semi-acute phase, and an acute phase. If it does not die during this time, it goes on to the chronic phase, as a transmitter of the disease. The virus acts with tremendous speed in horses. The contaminated stallion or mare has a fever, does not lose its appetite, but, on the third day, loses motor control over its hind legs. Death is certain in less than 7 days.

"Naganol"

In the middle of last year, 176 animals died in the space of 40 days at the Santo Antonio Ranch in Nova Andradina municipio. The owner, Eduardo Aziz Haik, sent a number of letters to the government and made many trips in an attempt to obtain permission from the Ministry of Agriculture to buy vaccines abroad. In one of the letters he said: "I don't have a plane or any other means to smuggle goods." Haik got the address of Bayer in Sao Paulo, but he was told that the manufacture of the cure for the "hind-quarters disease" was not economical for the company and that they could produce it in a limited quantity only if they received exemption from federal tax. "Naganol," one of the few effective immunizing agents, manufactured with salt derived from urea, is currently found on the Argentine market. In areas where the disease is most prevalent, such as in the Mato Grosso lowlands, there are illegal middlemen selling the product without a label or a receipt for the rancher.

According to Veterinarian Jose Rogerio Borges, the first reaction of the rancher who sees his herds decimated is to hunt down and kill the capybaras on his property. Although this action is condemned by environmentalist agencies, it cannot be stopped because the National Environmental Protection Institute (INAMB) does not have the means to control this killing on the ranches.

On the property of Eduardo Aziz Haik alone, with 1,200 alqueires of land, there are more than 2,000 capybaras living in the fields, and he has personally promised to exterminate them, by building traps near the lakes, so that they will get used to a programmed feeding and it will be easier to kill them. In this way, up to 30 capybaras can be killed at a time.

In Baitapora, Anaurilandia and Nova Andradina counties, there are at least 40,000 horses, of which about 20 percent are decended from or are purebred English, Arabians, quarter horses or mangalarga. Hundreds died from hind-quarters-disease" in recent months, but no record has been made of this by the government.

Moreover, ranchers suspect that the presence of dead capybaras near lakes may be a sign that the disease is spreading, since they are not totally immune to the action of the virus. The most recent cases were recorded in the beginning of the month in Nova Andradina, at the Silvana farm, owned by the Sao Paulo industrialist Atilio Tinelli, and in Brasilandia, at the Pedra ranch along the border between Sao Paulo and Mato Grasso do Sul.

The greatest danger is that the disease will cross the Parna River and begin to kill horses in municipios such as Castilho, where race horses are bred for the Sao Paulo Jocky Club and for the Army. The Pirajussara horse farm, belonging to Tito Melo Zarvos, is one of the largest and best run in the country, with the best selection of thoroughbreds, used in official races. This horse farm, located on the banks of the Parana River, is threatened by the disease.

The same thing is true of the Anglo-Arab horse farm belonging to Francisco Sampaio de Souza, which supplies horses for the Calvary. Concerned about the spread of the disease when it was at its most critical stage last June, the Rural Andradina Union requested several veterinary laboratories to provide information on immunizing agents similar to the imported ones--to no avail.

9805
CSO: 5400/2147

BRIEFS

FREE ANIMAL VACCINATION PROGRAM--The milk producers of Cauca, Narino and Putumayo, members of the Lacteos Purace Cooperative, Colpurace, with headquarters in Popayan, today will begin to benefit from the most revolutionary means adopted in recent years by an association: free vaccinations for the prevention and elimination of foot and mouth disease and brucellosis, or contagious miscarriage. This important decision was unanimously approved at the most recent special general assembly of the association in order to encourage milk production in the southern part of the country and to strengthen the cooperative organization in the country, according to its manager, Felipe Zambrano Munoz. [Excerpt from article by Jorge A. Sanchez Vargas] [Bogota EL TIEMPO in Spanish 12 May 82 p 7-A] 8255

CSO: 5400/2167

BRIEFS

FOOT-AND-MOUTH DISEASE--Duesseldorf, 1 Jun (DPA)--Foot and mouth disease has now occurred in north-Rhine Westphalia. Large parts of the GDR and Denmark were affected by it. According to the Ministry of Agriculture in Duesseldorf on Tuesday, 18 pigs went down with the disease in a piggery in Wuppertal. There is suspicion that the virus was brought in feedstuffs. It is not yet known whether there is a connection with cases in the GDR and Denmark. [Text] [LD020510 Hamburg DPA in German 1713 GMT 1 Jun 82 LD]

CSO: 5400/2166

CP ORGAN: FOOT-AND-MOUTH DISEASE PERHAPS FROM DENMARK, NOT GDR

Copenhagen LAND OG FOLK in Danish 6 May 82 p 5

[Article by Michael]

[Text] The foot-and-mouth disease is being sent more or less deliberately across the Baltic if one is to believe certain Danish media and now also the Christian People's Party, which wants all contact with our southern neighbor interrupted until the German Democratic Republic takes effective measures against the disease.

The bacteria may be spread via the air. There is foot-and-mouth disease in the German Democratic Republic. The possibility of a connection, therefore, cannot be excluded, and people in the German Democratic Republic may probably now also, with a certain right, be wondering how much may be sent in the opposite direction. Such a reaction would at least be logical.

The fact is that these claims are being hurled into the bacteria-filled air without the least proof, and the German Democratic Republic is now being openly accused of being lenient in carrying through safety measures in the areas affected by the disease.

In today's LAND OG FOLK, this claim is being thoroughly refuted. There are even many indications that the measures, including the total isolation of the areas affected, are quite a bit more serious than in Funen, where possible disease carriers of all kinds move freely to and from the farms affected by the disease, thereby making any kind of protection illusory. The bill is being paid by the farmers affected and by the entire agricultural export industry.

Before flinging accusations of lenience at a country where the safety measures and this entire matter have been taken quite a bit more seriously than in Denmark, Minister of Agriculture Bjørn Westh, among others, who has not refrained either from waging 'bacteriological' and psychological warfare in the form of insinuations, ought to take effective countermeasures in Denmark. For example, only last Wednesday did a Conservative M.P. propose that material be sent to all farmers, showing and explaining the symptoms and course of the disease.

On the whole, the Danish authorities have not been displaying much incentive and efficiency in this matter, and, consequently, the accusations hurled at a neighboring country which not only has reported its cases of foot-and-mouth disease to an international organization in Paris but has also endeavored to take effective measures against the disease, appear the more unacceptable.

7262
CSO: 5400/2155

CP ORGAN INTERVIEWS GDR CHIEF VETERINARIAN ON FOOT-AND-MOUTH DISEASE

Copenhagen LAND OG FOLK in Danish 6 May 82 p 5

[Article by Lars Transbøl]

[Text] The authorities in the German Democratic Republic have carried through far-reaching measures to combat the foot-and-mouth disease which hit seven municipalities in the north-eastern part of the country. They left no stone unturned. The strictest quarantine regulations were introduced. In the villages, guards have been checking that nobody violated the strict regulations of isolation. It is now nearly 3 weeks since the most recent case of the dreaded disease was ascertained, and in five municipalities all restrictions have been removed. Because of preventive measures and immediate efforts, the foot-and-mouth disease was limited to a few thousand animals.

The First Outbreak

The foot-and-mouth disease broke out on 14-15 March, but the same thing happened here as in all of the cases of the disease in Denmark. It took time before the virus disease could be established.

"The first case was not very typical. That is usually the case. The disease takes a certain time to develop entirely. And, of course, there are a number of different forms of virus diseases," the chief veterinarian of the German Democratic Republic, Professor, Dr. Helmut Schwedler tells LAND OG FOLK.

On 17 March, the results from the laboratory were ready: it was foot-and-mouth disease, and on 18 March the international office for animal diseases in Paris was notified by telex.

They do not know in the German Democratic Republic from where the disease has come. Helmut Schwedler says that it is a complete mystery.

Compensation

Animals in the German Democratic Republic have been vaccinated against foot-and-mouth disease since 1950. This has had the effect that the course of the disease has been milder, and that perhaps only a few percent of the cattle in a single barn have been infected.

"We have also been wondering why the vaccinations did not have the intended effect. However, there are many subcategories of the disease. It may be a question of an unknown subcategory," says Helmut Schwedler.

"The vaccination has the effect that the disease will take a different and milder course. Not all animals are infected. For example, only one third or one fourth or a few percent of the animals become infected with the disease. We do not slaughter the sick animals. They are put in quarantine. No animals are moved. Persons who have been working in the barn in question cannot go home to their families during that period. Food is provided for them; there are kitchens and wash rooms," Helmut Schwedler says.

Areas were closed off, the first ones being the barns with the sick animals, the next ones the villages, and the third ones the entire municipalities. No weddings were allowed to take place, and all social events were canceled. Workers were not allowed to leave their homes in the villages concerned to go to work in the towns.

The workers affected by the quarantine regulations have had their normal average wages paid from a special fund available to the veterinary authorities. On the other hand, the mayors of the villages in question have been able to offer them other work, typically work such as helping with the disinfection of barns, etc.

People who had planned their vacations and had paid for their tickets got their money back. And arrangements were made with the enterprises concerned to postpone the vacations of the workers involved to later dates. Owners of restaurants who had to close their restaurants were compensated for their losses.

"These are all of them measures which it has been possible to carry through thanks to our social system," says Helmut Schwedler.

A Few Thousand Cases

The German Democratic Republic also has to take other kinds of measures to combat the foot-and-mouth disease on account of the large barns with at least 250 cows or more or more than 1 thousand calves in one barn.

The foot-and-mouth disease occurred in a dozen places. There were, for example, two or three cases in a municipality which typically has 50,000 pigs and 10,000-15,000 cows.

Most of the sick animals were cows and calves. Approximately 4,000 cows and 1,000 sheep became ill. The new-born calves presented the greatest problem. They were without resistance, and 60 calves, 1-4 weeks old, were put to death. The same thing happened to a stock of 1,400 pigs which contracted the disease, incidentally, after the disease had been stopped in the municipality concerned. It was concluded that this was the best thing to do instead of exposing the population to further difficulties.

Finally, all sick animals individually and privately owned have been put to death. This applies to pigs and sheep--mostly pigs. A total of 40-50 pigs privately owned were put to death, and the owners received full compensation. In special cases, further compensation was paid.

"We cannot say that the vaccinations have had no effect, but they just have not had the effect which we had imagined," says Helmut Schwedler.

He stresses that the disease has taken a fast course, and that it did not develop into an epidemic. The reason for this is that the farmers have done their best, and that the citizens have helped.

"The state immediately took all the necessary measures," says Helmut Schwedler. Now people may again vacation on the Baltic, the beaches and the water of which are extremely popular among citizens of the German Democratic Republic.

7262
CSO: 5400/2155

ANIMAL VACCINATION DRIVE NOTED

BK081006 Phnom Penh Domestic Service in Cambodian 1230 GMT 7 May 82

[Text] Since liberation on 7 January 1979, under the correct leadership of the KPRP, our revolutionary authorities and people have paid attention to animal breeding, particularly to tending and strengthening the draft force for use in the production drive in order to achieve self-sufficiency in food.

In contribution to tending and strengthening draft animals for use in tilling land and growing the rainy-season rice, during the first quarter of 1982 the Agriculture Ministry's animal production and veterinary directorate, in close cooperation with the provincial veterinary services and district and commune authorities, launched campaigns to vaccinate cattle in various areas throughout the country against such diseases as foot-and-mouth disease, black leg, hemorrhagic septicemia, antrax, rinderpest and diamond skin. The veterinary teams vaccinated 237,013 oxen, 59,760 buffalo, 22,441 hogs and thousands of chickens. The vaccinations of oxen were as follows: 26,400 head in Takeo Province, 13,277 head in Battambang Province; 14,877 head in Kompong Chhnang Province; 21,065 head in Kompong Cham Province; 17,279 head in Kompong Speu Province; and 13,764 head in Prey Veng Province.

With the close attention of the local authorities, our fraternal peasants throughout the country are striving to breed farm animals in order to fulfill the plans of increasing the number of oxen by 4.5 percent, buffalo by 3 percent, and hogs by 25 percent as against the 1981 herd in order to use them in stimulating the 1982 rainy-season rice production drive as a contribution to implementing the resolutions of the fourth party congress.

CSO: 5400/5613

TREATMENT OF FOOT-AND-MOUTH DISEASE NOTED

BK221221 Phnom Penh Domestic Service in Cambodian 1100 GMT 21 May 82

[Agricultural program article on foot-and-mouth and blackleg diseases]

[Excerpt] I. Foot-And-Mouth Disease:

Treatment through scientific methods: In order to treat cattle and buffalo affected by this foot-and-mouth disease effectively, use from 200 to 500 ml of antiserum or inject the blood of an animal just cured from the foot-and-mouth disease caused by the same type of virus at a 1 ml per 1 kg of weight ration. Lacking serum, treatment can be made with the application of tincture of iodine, permanganate, boric acid, white alum, nitoric acid, penicillin ointment or cod-liver oil. It is also possible to force the animals to swallow (sulfadiazin), (sulfameracin) or (trisulfa) pills or give them injections of penicillin mixed with streptomycin, procaine and so on.

According to traditional methods, if the disease hits the mouth, the animals are given fodder which is easy to swallow such as rice gruel, morning glory, young grass or cooked vegetables chopped up into small pieces or pounded. Then they can be forcefed. Crabs and bamboo shoots can be pounded together and then the liquid from this can be filtered to be given to the afflicted animals. Another method is to make them swallow the liquid obtained from pounding together the bark of ficus politoria, bignonia longissima and eugenia acutangula, ficus politoria fruits and mentha piperata.

Before making them take these potions, however, the mouths of the animals should first be cleaned with boiled water with a pinch of salt or a lukewarm liquid made from sour fruit. Lemons cut into two halves or crushed sour carambolas can be used to clean the mouths.

To treat the disease which affects the cloves, the hooves should be cleaned daily with liquid from sour fruit, salt water, soap water or potash or liquid in which the skin of cicca racemosa fruit or ratan seeds were soaked.

To treat the disease which forms on the teats, a 1/1,000 solution of permanaganate is used to clean the udder and teats and penicillin ointment or cod-liver oil is applied. In addition, pills and injections should be used.

To prevent this disease, preventive drugs prepared from four types of viruses--the (OAP) and (Asia-1) types--containing 300 ml per bottle are used. A head of cattle or buffalo requires a 3 ml injection.

Preventive and sanitary measures: When this disease appears in one region, it is absolutely forbidden to bring cattle and products out of that region. Afflicted animals should be separated from healthy ones. The spreading of microorganisms should be inhibited by sprinkling lime water or cresyl water in and around the shelters of the diseased animals.

CSO: 5400/5613

CATTLE VACCINATED IN TAKEO

BK061028 Phnom Penh Domestic Service in Cambodian 1230 GMT 4 May 82

[Text] In addition to encouraging the people to breed more draft animals and taking good care of them, the Takeo Provincial Animal Production and Veterinary Service has paid particular attention to the health of cattle by launching several campaigns to provide them with immunizations against contagious diseases. Recently, a campaign to vaccinate cattle against such diseases as hemorrhagic septicemia, black leg, anthrax, foot-and-mouth disease and rinderpest was in full swing. The campaign began in September 1981 and was divided into two stages. The first stage was to vaccinate cattle against hemorrhagic septicemia, black leg, anthrax and foot-and-mouth disease. The second stage was aimed against rinderpest.

From the beginning of the campaign to the end of the first quarter of 1982, despite shortages of transportation and fuel oil, the cadres and personnel of the veterinary service in close cooperation with local authorities managed to give vaccinations to 53,812 head of cattle and buffalo throughout the province. [Passage indistinct] including 15,491 head of cattle.

According to the chief of the Animal Production and Veterinary Service of the province, as the cattle and buffaloes are resting from dry season field work and thanks to the material assistance of the veterinary directorate, on 10 May the province's Animal Production and Veterinary Service will successfully complete the first stage of the vaccination campaign for cattle owners throughout the province.

CSO: 5400/5613

BRIEFS

HEMORRHAGIC SEPTICAEMIA MEASURES--Pokhara, May 24--The local veterinary hospital has started taking steps to check the disease of haemorrhagic septicaemia from spreading to other parts of Kaski district, reports RSS. The hospital has been providing free vaccines to control the disease that is reported to have killed cattle at Gangangauda, Rupakot and Hansapur village panchayats of the district. [Kathmandu THE RISING NEPAL in English 25 May 82 p 4]

CSO: 5400/5606

TANGA REGION CATTLE DEATHS

Dar es Salaam DAILY NEWS in English 21 May 82 p 3

[Text] OVER 100,000 herd of cattle died last year in Tanga Region due to three major animal diseases, an annual report for 1981 released in Tanga yesterday by the Regional Livestock Development Office has said.

According to the report, the three diseases are *Anaplasmosis* (Ndigana Baridi), *East Coast Fever* (Ndigana Moto) and *Trypanosomiasis* (Malale).

It said *anaplasmosis* alone killed 205 cattle out of 1,661 which were attacked by the diseases during the year.

However, the report noted that the number of cattle infected by the disease represented an increase of 76 per cent over the 1980 figure which was 935 cattle. Likewise, the death toll shot up from 168 in 1980 to 205 in 1981 or an increase of 22 per cent, it added.

The disease broke out mainly in Lushoto District where 600 cases were reported although the district suffered the lowest death toll of only 11 cattle. Handeni District suffered most with 73 deaths being recorded during the year, the report said.

Although *East Coast Fever* killed 628 cattle — the highest figure during the period under review — this shows a considerable decrease in comparison to 1980 during which 1,112 cattle died from the disease.

Also the number of cattle infected by the disease fell from over 1,000 cases reported during 1980 to 674 in 1981. Again the most hit district was Handeni where all the 500 cattle attacked by the disease died, the report noted.

It said many deaths in Handeni occured in areas with dips which were either not operating or under repair.

CSO: 5400/5603

HOG EPIDEMIC BELIEVED TO COME FROM CHINA

Hanoi QUAN DOI NHAN DAN in Vietnamese 25 Apr 82 p 2

[The Enemy Unmasked Column by Nguyen Duc Nhuan: "Where Did the Hog Epidemic Come From?"]

[Text] As soon as the bell announcing the end of the afternoon working hours had stopped, sister Chanh was already hurriedly running home. Paying no attention to preparing dinner, she headed toward her pigpen, then hurriedly went to the kitchen to mix one spoonful of shrimp sauce into a cup of rice gruel and fed it to the pig. The pig remained still. His two eyes with slow vision winked once in a while.

Hopelessly, sister Chanh cleaned her hands quickly, then entered her house to talk with her husband. "Well! We are not lucky and have to accept it. When you are through with your dinner, go to beg the head of the administrative bureau for.... By luck we might earn back the capital put in."

In spite of what she told her husband she was seized by impatience. Sister Chanh reached for a scarf, rolled it around her neck, then hurriedly went to the collective zone of the state farm. She reported the situation of her family to the head of the administrative bureau and convinced him to let her and her husband kill the sick pig for meat. The head of the bureau instructed, "If you want to sell the meat, you must carry it far away!"

At midnight of the same day, when the pig could not utter any sound, brother Chanh, assisted by a friend who worked in the same construction cell, pulled it out of the pen, killed it, shaved its hair....

The consequences were extremely detrimental. Soon hogs in many families became sick and didn't want to eat their rice chaff. Then hog epidemic spread very quickly throughout three neighboring villages in the district. The district medical clinic sent groups of cadres to the localities. The district people's committees held meetings of appropriate personnel of the villages, organs and sectors to determine the causes of the epidemic. The head of border defense post P.T., gave this information: Recently a number of plastic bags containing pigs whose hair had been shaved have been spotted floating down the river from China into our country. According to the conclusions of quarantine cadre groups, the pigs contained dangerous epidemic germs.

More than anyone else, sister Chanh knew too well that her husband was the one who brought that "precious thing" home and caused the epidemic to spread. The fact was that one day when he was going to the forest to cut wood he saw a hog whose hair had been shaved on the bank of a brook. He cut and brought home its liver and hind leg, thus bringing home the epidemic coming from China, sabotaging our people's animal husbandry.

8418
CSO: 5400/5991

BRIEFS

ANTI-RABIES VACCINE--The long awaited anti-rabies vaccine ordered from France is expected in the country soon, a spokesman for the Department of Veterinary and Tsetse Control Services said in Lusaka yesterday. The consignment of 100,000 doses will be enough to meet the country's demand. The spokesman asked all provincial officers to make bids for their provinces and added that vaccination against rabies was a continuous process requiring a total of 100,000 doses a year. [Excerpt] [Lusaka TIMES OF ZAMBIA in English 21 May 82 p 5]

CSO: 5400/5609

BRIEFS

COLORADO BEETLE RETURNS--For the first time in two years, the Colorado beetle [Leptinotarsa decemlineata] has been found in North Schleswig. Two living beetles have been confirmed at Kegnaes, and a dead beetle has been found in Skaerbaek, near Skovmose. The National Plant Inspectorate in Kolding has been informed of the finds. Colorado beetles present a great danger for the potato harvest, since they eat blades of the potato plants. Inspector Jens Fick of the National Plant Inspectorate states that it is the warm wheather and wind from the southeast which have brought the beetles here from Poland and East Germany. Widespread spraying is taking place in those countries in order to save their potato plants. [Text] [Copenhagen BERLINGSKE TIDENDE in Danish 9 Jun 82 p 3]

CSO: 5400/2170

JAMAICA

BRIEFS

THREAT TO BANANA CROP--Kingston, Jamaica, Monday (CANA)--The Jamaica banana industry, still recovering from a 1980 hurricane battering, now fears it could be wiped out by the "black death," killer fungus, reported to be ravishing fields in the French Caribbean Island of Martinique. Fears about the fungus spreading to Jamaica were discussed here at a weekend one-day seminar, put on by an agro-chemical importing company, Arnold Otto Myer (JA) Limited. Professor Andre Wybou, a Florida pesticide and research developer, brought to Jamaica by the company for the seminar, told industry officials: "The fact that the disease is in Martinique means that the islands between Jamaica and Martinique would be a stepping stone for it to spread to this country." The disease spread rapidly and over long distances, he explained. The correct name for the fungus is "black sigatoka," the most deadly of the lot which also comes in yellow and brown varieties. The fungus, which in the past has appeared in Central America, destroys the banana leaves, with which the plant cannot survive. Professor Sybou pointed out that the disease was extremely expensive to treat, so that "only cultivations with very high yields," can normally afford it. The professor recommended that the Jamaican banana officials closely monitor the situation in the other banana producing islands. [Text] [Bridgetown ADVOCATE-NEWS in English 18 May 82 p 3]

CSO: 5400/7556

BRIEFS

COFFEE RUST-INFECTED SACKS--Ciudad Juarez, Chih., 17 May--Agents of the frontier customs guard confiscated 7,500 sacks infested with coffee rust, as well as merchandise of illegal origin valued at 11 million pesos. [Excerpt] [Mexico City EXCELSIOR in Spanish 18 May 82 p 6-D]

CSO: 5400/2159

AGRICULTURAL SEMINAR TO BE HELD TO DISCUSS GRAIN BORER CONTROL

Dar es Salaam DAILY NEWS in English 21 May 82 p 1

[Text] **THE NOTORIOUS grain borer, locally called *Scania*, which is destroying stored maize in Tabora, Shinyanga, Mwanza and Morogoro Regions, will be the subject of a major agricultural seminar to be held at Nzega in Tabora Region between May 31 and June 5.**

The borer, scientifically called *Prostephanus Truncatus",* has been nicknamed *Scania* because it resembles the powerful Scania trucks from Sweden. A two-man team from the Tropical Product's Institute (TPI) first reported the pest last year.

A subsequent TPI report was the first record of infestation by this pest in Africa, which has since progressively spread to other regions —keeping Agriculture Ministry officials literally on their toes.

The Nzega meeting, involving mostly personnel dealing with produce inspection and storage, was expected to thrash out a strategy for effective control of the great grain borer, an official of the Ministry of Agriculture said in Dar es Salaam yesterday.

The meeting would discuss various experiences in fighting the pest, a bostrychid beetle, similar in general form to the lesser grain borer and the bamboo beetle.

The greater grain borer is a well known pest of stored maize in theUnited States and Central America.

The Ministry of Agriculture feared that the insect could spread to other regions, and particularly the country's major maize producers.

Lack of effective quarantine measures could have allowed the beetle to move with grain from Tabora to other regions. This was expected to be one of the issues to be discussed at the seminar, he said.

The seminar was among other efforts made by the Ministry of Agriculture to contain the pest which also bores other grains and the support structures of crop stores.

The Ministry of Agriculture is already taking steps to contain the pest by testing a variety of insecticides. It has advised maize growers to shell their maize and not mixed it with old maize.

He said the ministry had requested the UN Food and Agricultural Organisation (FAO) for assistance. A delegation was expected to arrive from Rome to assess the extent of the damage and how the UN body could assist.

The seminar at Nzega has been organised by the Ministry of Agriculture and financed by the United States Agency for International Development (USAID).

Resource personnel from the Ministry of Agriculture would conduct the seminar, expected to be attended by at least 75 participants and observers.

US volunteer peace corps whose work in rural Tanzania is connected with crop storage in villages, will also take part.

CSO: 5400/5603

GRAIN BORER SPREADS TO RUKWA REGION ON ZAMBIAN BORDER

Lusaka TIMES OF ZAMBIA in English 25 May 82 p 2

[Article by Brown Lenga]

[Text] GREATER grain borer, the vermin which has already caused severe losses to farmers in five regions in Tanzania, may soon be the guest of Zambian farmers as officials reported today that the Latin American native grain eater has now spread to Rukwa region bordering Zambia.

Tanzanian agricultural officials gearing up to launch a major campaign to eradicate the grain-damaging beetle, locally nicknamed "scania," said Rukwa's Mpanda district was the latest area to be infested by the borer.

Britain's Tropical Products Institute (TPI) which sent a team here last year identified the beetle as "prospephanus truncutus", a native of Latin American countries which could have been imported into Tanzania in grains sold to the country through international aid agreements.

Worried Tanzanian officials held a meeting with the UN Food and Agriculture Organisation (FAO) experts at the weekend on measures to fight the pest which was first spotted in Tabora. It has since infested Mwanza, Shinyanga, Morogoro and now Rukwa region.

A seminar and workshop on how to combat the pest is billed for Nzega in Tabora region on May 31 where US volunteer peace corps and other international agencies would offer basic methods to Tanzanian extension officials.

United States Agency for International Development is funding the Nzega seminar at a cost of K100,000. Other expenses would be met by the Tanzanian government.

Three experts from US peace corps would come to Tanzania to conduct seminars in the five infested regions, officials reported.

Britain is sending two experts from the TPI to assist Tanzanian experts on research work on the pest.

FAO will send two experts to Tanzania next month to work out a strategy on how to eliminate the "scania" which resembles Swedish scania trucks.

Examine

The FAO experts will specifically examine ways of controlling the pest from spreading to other regions, quarantine methods, quantities of foodstuffs transacted between regions and storage facilities.

Earlier attempts to control the spread of the pest failed because of the prevailing acute shortage of foodstuffs in Tanzania in which people tried to beat quarantines.

Experts quoted by local newspapers said although their efforts would this time be supplemented by international agencies, they were fighting an uphill battle as the pest was jumping from one region to another for people were smuggling foodstuffs from infested grain-surplus regions to food deficit areas.

The government here has drafted several agro-institutions including the National Milling Corporation, Tanzania Agriculture Research Organisation, Tanzania Pesticides Research Institute, Agricultural Extension services, technical services and plant protection personnel, in the campaign.

Officials have said this is the first time several government agencies and ministries have been brought together to fight a grain-eating pest since independence in 1960.

Colonial administrators successfully fought another similar pest trogoderma granarium (kapra beetle) in 1958.

But they expressed fear that possibilities of the pest spreading to neighbouring countries could not be ruled out.

"Smuggling of foodstuffs across our borders is a common feature. Without preventive measures, our neighbours should not blame us in case the pest visits them as well", an official said today as he elaborated on the pest.

CSO: 5400/5609

PREVENTING, ERADICATING BLAST ATTACKING 5TH-MONTH SPRING RICE

Hanoi QUAN DOI NHAN DAN in Vietnamese 15 Apr 82 p 1

[Article: "Prevent and Eradicate Blast That Attacks the 5th-Month Spring Rice"]

[Text] Blast and aphelenchoides oryzae have appeared in a number of localities. Localities such as Tan Hoa-Hoai Duc have been seriously damaged, and the pest has begun to occur in other localities such as Song Phuong, Dan Phuong-Dan Phuong, Nam Vien-Me Linh.... The recent days' weather being favorable for the appearance of the pest, the latter can develop strongly in the near future and can cause serious harm on a large scale, especially in former areas of epidemic clusters, in areas of high intensive cultivation, in ricefields receiving large quantities of nitrogenous fertilizers and having good crops and in ricefields of varieties NN8, X1 and of a number of varieties 1,561, 104...

Therefore, it is immediately necessary that district vegetation protection stations inspect ricefields carefully and guide the cooperatives in inspecting and in preventing and eradicating, paying attention to former areas of epidemic clusters, to areas of high intensive cultivation, to ricefields receiving large quantities of nitrogenous fertilizers, and to fertile areas. Make preventive applications of kitazin in ricefields with outbreaks of the pest, paying attention to applying fertilizers in a balanced manner. We suggest that the districts distribute kitazin on a priority basis to areas of epidemic clusters and of serious damage and that there be no distribution on an average basis nor distribution to cooperative members.

In addition, pay attention to inspecting, to following up the development of brown planthoppers, butterflies, rice leaf folders, larvae, stem borers..., to seal off, prevent and eradicate insect clusters, to prevent their spread.

8418
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28 June 1982

Worldwide Report

EPIDEMIOLOGY

No. 284

FBIS FOREIGN BROADCAST INFORMATION SERVICE

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28 June 1982

WORLDWIDE REPORT
EPIDEMIOLOGY
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BRIEFS

HEPATITIS CASES--During the month of April 113 cases of hepatitis were recorded in the federal capital, as compared to 57 cases in March. The majority of the cases were reported by the municipal primary schools. [Buenos Aires CLARIN in Spanish 27 May 82 p 28 PY]

CSO: 5400/2169

BRAZIL

VALE DO PARAIBA REPORTS 41 HEPATITIS CASES IN ONE MONTH

Paraiba Outbreak

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 13 May 82 p 22

[Text] A new outbreak of hepatitis has been recorded in the Vale do Paraiba, this time in Cacapara Municipality, 11 kms from Sao Paulo via the Dutra highway. Pedro Shiavegatto, chief physician of the local health post, confirmed yesterday that 41 cases were diagnosed during April. He explained that the "primary cause is the indiscriminate use of water spigots or fountains by people who are not yet served by the SEBESP [Basic Sanitation Company of Sao Paulo State] distribution system.

Although Shiavegatto was reluctant yesterday to blame the water distributed by the state supply company, the published report confirmed that a large number of verified cases, 22 percent of the total, were residents of the city center, precisely where SABESP serves all the dwellings, both supplying piped water and collecting domestic sewage.

Shiavegatto vehemently disputed the theory that the hepatitis outbreak recorded early this year in Santa Branca (and still not under control) is fostering the spread of the disease to neighboring cities. The possibility was raised because Santa Branca is located "upriver" and its untreated sewage empties into the Paraiba River, while the "downstream" cities use this same river as their principal source of captation for the distribution of drinking water.

According to the chief of the health station, in the first place the river has a "self-purification" system, which insures treatment before the water is distributed to the public," with all bacteria completely eliminated. Moreover, the residential water distributed in Cacapava comes from artesian wells, "a fact which completely removes such a possibility, at least in this municipality."

Increase

According to a report drafted by the local health post, the hepatitis cases registered in the city were as follows: 2 confirmed cases in January, 2 more in February and 9 in March, rising to 41 in April. Shiavegatto explained that "we did not begin to collect notification of hepatitis cases from the physicians and diagnostic laboratories in the municipality until March, alerted by the alarming indices observed in Santa Branca." He added: "When we ended the month with 41 cases, we immediately asked the Adolfo Lutz Institute to analyze the water and we strongly urged the municipal government to close the public spigots and fountains in the city."

However, Mayor Jose Miranda Campos decided to wait for the results of the analysis before taking any steps, believing such action would be "precipitous." "Therefore," Shiavegatto said, "the health post could only warn to people not to use the spigots and fountains for drinking water and to be careful about hygiene."

More Cases

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 15 May 82 p 14

[Text] Another 13 hepatitis cases have been registered in Cacapava, in the Vale do Paraiba, bringing to 54 the number of patients in the municipality in the last 3 months. Yesterday Pedro Shiavegatto, chief physician of the local health center, hastened to "update" the figures he himself had released on Wednesday. Now, instead of 41 cases diagnosed in April, the health center official lists only 23. According to Shiavegatto, "the error was the result of duplications in notification; often the same case was reported three times." Even so, the physician admitted that "the hepatitis cases are still high for Cacapava, which has 45,000 inhabitants."

Reporting that this month the cases are averaging one per day, Shiavegatto added: "These figures refer only to patients brought into the health center." He warned: "The actual number of hepatitis cases should be much higher than the official figure."

6362
CSO: 5400/2161

DENGUE FEVER OUTBREAK IN RORAIMA CAPITAL REPORTED

Dengue Outbreak Discovered

Brasilia CORREIO BRAZILIENSE in Portuguese 19 May 82 p 4

[Text] The Ministry of Health has registered an outbreak of dengue fever, with five confirmed cases, in Boa Vista, capital of Roraima, through the Health Secretariat of that city. Dengue is an acute fever characterized by an abrupt onset, a fever which lasts for an average of 5 days, with headache, pain in the joints and muscles and a rash which disappears 3 to 4 days after the onset of the fever.

The dengue fever virus is endemic in most tropical countries, the Caribbean islands and several countries in Central and South America. Epidemics can occur anywhere the vector is present--the Aedes aegypti mosquito, which also carried yellow fever. There are four types of dengue fever virus which are immunologically distinct (Group B of the togavirus). The last dengue fever epidemic in Brazil occurred in 1938.

To confirm that dengue had infected four people in Roraima, the local Health Secretariat sent blood samples to the Evandro Chagas Institute in Belem for laboratory diagnosis. Initially, medical officers in the area suspected rubella, since the clinical symptoms were compatible with this virus. Once the samples were processed, the examination was positive for arbovirus, with the dengue fever virus isolated in one of the cases. To combat the outbreak, the Health Ministry, through SUCAM [Superintendency of Public Health Campaigns], dispatched 5.5 tons of insecticides and 27 spray pumps to Boa Vista to combat the Aedes aegypti mosquito.

According to the Health Ministry, the disease is not transmitted directly from one person to another. Generally, patients can infect mosquitoes from one day before the appearance of the symptoms to the fifth day of the illness. The Health Ministry adds that the mosquito becomes infectious in 8 to 10 days after ingesting the blood of a patient and remains so for its life span. According to Health Minister Waldyr Arcoverde, this outbreak confirms various statements made by the Health Ministry here and abroad, on the need for an Aedes aegypti eradication policy in the country and on the continent.

Floods

A team of technicians from the Special Secretariat of Civil Defense of the Ministry of the Interior and SUDAM (Superintendency for the Development of the Amazon Region) [is in] Amazonas to verify the extent of the floods in the municipalities of Barreirinhas, Benjamin Constant, Borba, Canutama, Eirunepe, Humaita, Jurua, Maraa, Manicore, Novo Airao, Novo Aripuana, Nhamunda, Parintins and Uricurituba, all in a state of emergency.

According to the minister of the interior, the planned measures are being adopted in these municipalities, such as provision of foods and tents to shelter the affected residents.

Level of Infestation

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 23 May 82 p 16

[Text] Brasilia--Within a month SUCAM could assess the actual level of infestation of the Aedes aegypti mosquito in Boa Vista, Roraima. At the moment, according to Health Minister Waldyr Arcoverde, it is known that the level is quite high, and SUCAM is seeking to conduct a mosquito eradication program with immediate results.

The Aedes aegypti is the carrier of urban yellow fever and dengue fever. Last week it caused five cases of dengue fever, reinfesting a region where it has been absent for over 30 years. SUCAM has already begun an operation to capture the mosquito, assigning 10 more health officers to this duty, in addition to dusting the city of Boa Vista with the indicated insecticide.

The last outbreak of yellow fever in the country was recorded in Sena Madureira, Acre, in 1942. Although only cases of dengue fever have appeared so far, and not yellow fever, the technicians are very concerned about the presence of the Aedes mosquito. They feel the contamination is the result of the large movement of settlers and prospectors along the Brazilian borders with Venezuela and Guyana, without any particular control, breaking the eqidemiological barrier.

6362
CSO: 5400/2161

MALARIA ATTACKS 190,000 IN 1981; OUTBREAK IN PORTO VELHO

Malaria Statistics

Rio de Janeiro JORNAL DO BRASIL in Portuguese 23 May 82 p 15

[Text] Brasilia--Over 190,000 people contracted malaria in Brazil in 1981, and a vaccine against the disease has yet to be discovered. Although practically restricted to Amazonia (only 6,600 cases occurred in other states), malaria is one of the major problems of the Superintendency of Public Health Campaigns [SUCAM] in combating endemic diseases.

Agostinho Cruz Marques, SUCAM director of program coordination, explained that malaria is a contagious disease transmitted by the Anopheles darlingi mosquito, provoking fever, chills, headaches and muscular pain. In Brazil the disease is directly related to the form of land occupation. "The population in the most recently settled areas, such as the gold fields, is most exposed to the disease," he said.

Foci

Outside Amazonia there are four foci of residual transmission, located in Goias, Mato Grosso do Sul, Parana and Santa Catarina, which accounted for 500 cases in 1981. With the number of cases decreasing, however, the situation is favorable for a complete interruption of endemic transmission beyond Amazonia. Cruz recalled that, at the end of the 1960's, there were still foci in cities like Manaus and Tefe, in Amazonas, but today malaria has already been conquered in the older settled areas. According to Cruz, the problem in Amazonia is one of very rapid settlement in scattered and distant areas; SUCAM's field teams do not have the flexibility to keep abreast of the process.

"Despite the problem of the lack of funds, SUCAM maintains almost 2,000 field workers in Para alone, counting lab technicians, insecticide spray teams to combat the carrier mosquito epidemiological monitors, inspectors and higher-level supervisors. It happens that the state has over 1,900 agricultural projects and more than 250 mining fields," Cruz explained.

In his opinion, the construction work on hydroelectric projects, railroads and highways attracts thousands of workers, and it is essential that the companies organize themselves to prevent workers who have contracted malaria from passing it to the vector and hence to other workers. Economically, it is a good investment, he said, because a sick worker is incapacitated for at least 3 weeks, with mounting expense to the project.

"It would be cheaper to pay a lab technician to monitor the disease among the workers by means of blood tests. Every project in Amazonia should have a health officer, to prevent the occurrence of malaria epidemics in the country," he concluded.

Porto Velho

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 13 May 82 p 22

[Text] SUCAM will apply burnt oil and other chemical substances on the mud flats left by the receding waters of the Madeira River. After experiencing the largest flood since the city was founded in 1907, inundating several districts of Porto Velho, the river could end by causing a massive malaria epidemic, a disease for which Rondonia has one of the highest indices in the world. The chemicals will combat the proliferation of the Anopheles mosquito which transmits malaria.

Health Officer Agostinho Haroldo Limeira de Araujo, regional director of SUCAM, announced that there is already a reinforced team for the preventive work of placing oil or chemicals on the mudholes where the Anopheles breed, but it will require assistance from other organs, such as the municipal government, for draining, land fill and other works in the districts affected by the flood, such as Triangulo, where the waters disloged almost 200 families.

Although the number of malaria cases is still within normal range, SUCAM has initiated spraying with DDT in the districts of Triangulo, Reo, Areal, Mocambo and Arigolandia, all affected by the flood.

For his part, PM [Military Police] Maj Octavio Pinto, director of civil defense in the state, said materials are already being sent to the interior for preventive action. Some days ago an FAB [Brazilian Air Froce] Bufalo carried 20 tons of DDT to Guajara-Mirim Municipio.

6362
CSO: 5400/2161

OVER 900 SCHISTOSOMIASIS CASES IN RIO DE JANEIRO IN 1981

Rio de Janeiro JORNAL DO BRASIL in Portuguese 24 May 82 p 2

[Article by Christiana Samarco]

[Text] Brasilia--In 1981 more than 900 individuals contracted schistosomiasis in Rio de Janeiro, where isolated foci of the disease exist in Alto da Boa Vista, in Sumidouro, Duas Barras, Barra Mansa and Irai municipalities and in Pendotiba, located between Niteroi and Sao Goncalo. The information comes from Jose Evandro Machado Melo, chief epidemiologist of the Schistosomiasis Division of SUCAM [Superintendency of Public Health Campaigns].

There are already drugs, such as Mansil, which offer a 90-percent guarantee of curing schistosomiasis. Administered in a single dose, Mansil has no side effects and could bring the disease under control in the country. Even so, 8 million Brazilians were infected last year, according to SUCAM.

Transmission

According to Melo, schistosomiasis is essentially caused by poor basic sanitation or a lack of it. Transmission occurs in areas around rivers, irrigation ditches and lagoons which are inhabited by snails and contaminated with fecal matter from carriers of the worm Schistosoma mansoni. The schistosoma eggs passed in the feces of the carrier hatch on contact with water as larvae which develop and multiply in snails. They are released by the thousands in a new form--cercariae--which penetrate the skin of individuals who use these waters to bathe, wash clothes, fish and swim, attacking the liver, spleen, stomach and intestines.

In Brazil the endemic zone of schistosomiasis includes the entire coastline from Para to Sao Paulo, particularly the northeast, and Minas Gerais and Goias. To keep the disease under control, SUCAM maintains about 2,000 workers in the field. In Rio alone there are 25 endemic monitors, 30 lab technicians, 16 lab assistants, 7 drivers and 6 aides. According to Melo, this force is not adequate to cover the entire state. In addition to the lack of manpower, there is a shortage of funds, which limits the work, although last year SUCAM spent 750 million cruzeiros on the program to combat schistosomiasis.

SUCAM works at sanitary education, alerting the people to the cycle of transmission of the disease; it also works with the sanitation agencies, indicating endemic areas and immediate measures to be taken, such as construction of septic tans, public fountains, lavatories and baths. In the specific case of Rio, the endemic zones are areas planted in watercress, which requires a special irrigation system that fosters the appearance of snails which transmit the disease. Although he is not in any pain, the patient is unfit for work because of generalized indisposition and apathy.

Melo stresses that the entry of schistosomiasis carriers in areas where there are transmitting snails can create a new endemic area in the country. For this reason, he says, it should be kept in mind that the disorganized occupation of land, with dense settlements in areas with no social facilities whatever, creates a strong possibility of the spread of schistosomiasis.

6362
CSO: 5400/2161

BRIEFS

MENINGITIS IN RONDONIA--[illegible] last 30 days, five meningitis patients, residents of Porto Velho, have been [illegible] to the city's Hospital of Tropical Medicine. One of the victims, with the tubercular form of the disease, is considered the most serious case and remains under intensive care, according to Dr Raimundo Manes, director of the hospital. In the State Health Secretariat, no one will discuss the matter, saying they have been advised to make "no comment," although Dr Manos also said there is no epidemic, simply "isolated cases." Manes assured: "For now, everything is under control and there is no cause for alarm. The number of cases is within the expectations of the Health Secretariat, which has the necessary medicine available to cover this type of problem." Of the five cases appearing since April, one has not yet been verified, pending results of the laboratory examination, two cases are tubercular meningitis and two are "bacteriana" [?aseptic] meningitis. Although the Hospital of Tropical Medicine is not the appropriate facility for these cases, patients are taken there because they must be isolated. [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 19 May 82 p 13] 6362

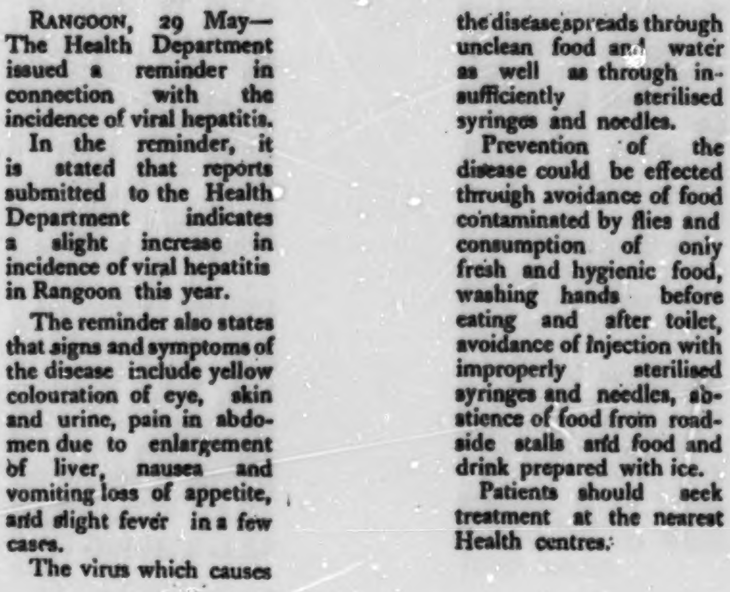
SCHISTOSOMIASIS IN BRASILIA--A focus of schistosomiasis-carrying snails has been located in the city of Planaltina, next to Brasilia, and could offer a risk of the spread of the disease because the population in the area is expanding in the direction of the rivers where the snails are found. The information appears in a report by the National Council for Scientific and Technological Development (CNPq), regarding studies which indicate the need for disease control. All the Brazilian states except Rio Grande do Sul have schistosomiasis foci, but the areas of greatest concentration are the jungle area, the coastline of the northeast and the Vale do Rio Doce, in the interior of Minas Gerais, according to the report released yesterday by the CNPq. In its report, the CNPq announces the initiation of field experiments in biological control of the snails. Unlike the pesticides, which not only eliminate the snails but also some aquatic animal and vegetable life, says the council, the biological method of control acts only on the snails. [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 15 May 82 p 14] 6362

CSO: 5400/2161

WARNING ISSUED ON VIRAL HEPATITIS

Rangoon THE WORKING PEOPLE'S DAILY in English 30 May 82 pp 1, 4

[Text]



RANGOON, 29 May—The Health Department issued a reminder in connection with the incidence of viral hepatitis.

In the reminder, it is stated that reports submitted to the Health Department indicates a slight increase in incidence of viral hepatitis in Rangoon this year.

The reminder also states that signs and symptoms of the disease include yellow colouration of eye, skin and urine, pain in abdomen due to enlargement of liver, nausea and vomiting loss of appetite, and slight fever in a few cases.

The virus which causes the disease spreads through unclean food and water as well as through insufficiently sterilised syringes and needles.

Prevention of the disease could be effected through avoidance of food contaminated by flies and consumption of only fresh and hygienic food, washing hands before eating and after toilet, avoidance of injection with improperly sterilised syringes and needles, abstience of food from roadside stalls and food and drink prepared with ice.

Patients should seek treatment at the nearest Health centres.

CSO: 5400/5615

BRIEFS

GASTROENTERITIS, TYPHOID FEVER--Barranquilla, Colombia, 10 May (EFE)--Twenty children died and 200 are in serious condition as a result of gastroenteritis and typhoid fever in Fundacion, northern Colombia. Civic leader Hernan Gomez Pelaez reported this, noting that these epidemics are caused by a lack of potable water in this region, which is a traditional farming and cattle area. There is another gastroenteritis epidemic in Repelon, in Atlantico Department, but the health authorities there said that the necessary measures to prevent it from spreading have already been taken. [Madrid EFE in Spanish 0238 GMT 11 May 82 PA]

CSO: 5400/2169

SLOVAK CONTAGIOUS DISEASE SITUATION REPORTED

AU271853 Bratislava PRAVDA in Slovak 26 May 82 p 2

["JAR"-signed report: "Let Us Prevent Diseases Through Improved Hygiene; Favorable Development of the Epidemiological Situation in Slovakia"]

[Summary] Thanks to systematic measures, polio, diphtheria and whooping cough have been "virtually eliminated" in our country and typhoid fever "limited to sporadic cases." Other contagious diseases still occur, though our medical sector is achieving ever better results.

The epidemiological situation in Slovakia was the subject of yesterday's Bratislava press conference with S. Calpas, chief hygiene official of the Slovak Socialist Republic, and I. Masar, head of the Epidemiology Department at the Slovak Ministry of Health.

Vaccination against measles has shown positive results since its last occurrence was registered in Slovakia in February. This is a remarkable result, even by international standards. This year a vaccination campaign against German measles has started. It is administered to girls in the sixth grade of elementary schools.

This year's influenza epidemics, which occurred in February and March, hit 770,000 citizens, which was 425,000 less than last year. As regards intestinal contagious diseases, there is still a relatively frequent occurrence of salmonellosis caused by meat products and raw eggs. Last year there were 6,256 such cases. In the Liptovske Mikulas District, the contagion was caused by spoiled ham, in the Nitra District by poorly processed headcheese. Last year there were also 7,310 cases of dysentery, most of them caused by lack of hygiene in public swimming pools, and 4,696 cases of infectious jaundice. It must be considered a success that throughout 1981 there were only two cases each of tetanus and trachoma in Slovakia.

CSO: 5400/2169

NATIONAL BILHARZIA CAMPAIGN LAUNCHED

Cairo AL-JUMHURIYAH in Arabic 23 Mar 82 p 7

[Article by Nasrin 'Azab: "Dr Sabri Zaki: National Program To Fight Bilharzia; Reduction of Incidence to 11 Percent in Central Egypt"]

[Text] Minister of Health Dr Sabri Zaki announced yesterday that the national plan to combat bilharzia will cover the entire republic beginning this year and is the largest national campaign to combat bilharzia in the world.

The republic has been divided into 10 areas to combat the disease. These are Sinai, the Canal, the eastern, central, and western portions of the Delta, al-Giza, al-Fayyum, upper Egypt, central Egypt, and the High Dam Lake. The anti-bilharzia campaign has completely covered the area from al-Giza to Aswan and the incidence of the diseases has dropped from 30 percent to 11 percent.

In a visit to Bani Suwayf to open some health projects, Dr Sabri Zaki, who was accompanied by Governor Mahrus Abu Husayn, announced: "There is a general strategy to combat bilharzia at the national level based on calling in, examining, and treating the citizens and fighting the basic causes through a complete survey of the canals and remote drainage ditches in various areas of the republic--some 64,000 kilometers have been surveyed in central Egypt alone--and the application of a single oral dose for both types of bilharzia."

He announced that the plan in the central Delta and al-Nubariyah will begin next year with two plans: a short-term plan based on the treatment of students and members of labor communities and a long-term 5-year plan which includes west al-Nubariyah and the northern and western portions of the Delta.

He said that the International Housing and Development Bank participated in a loan consisting of $22 million to fight Bilharzia in central Egypt and $14 million for al-Giza. The African Development Fund agreed to participate with $10 million for anti-bilharzia projects in the Delta.

He indicated that there had been a decrease in the rate of incidence of the disease from 30 percent to 11 percent in central Egypt, 17 percent in Aswan, and 9 percent in al-Fayyum.

He opened a first aid unit on the Bani Suwayf highway and a health unit in Tamsa which was constructed with a 3-million-mark grant from Finland.

8591
CSO: 5400/5010

BRIEFS

SCHISTOSOMIASIS RAVAGES--The Tongu women association has threatend to block the Lower Volta Bridge, if within six months nothing concrete is done to control Bilharzia in the area. The association claimed that for the past 17 years successive governments had only paid lip service to the control of the disease from which more than 80 percent of the inhabitants are suffering. This was contained in a welcome address by Mama Adokuwa Asigble IV, queen mother of the traditional area at a public meeting organised last Friday to discuss the bilharzia disease. The bridge, built in 1967, is on the international highway liking Ghana with the Ivory Coast and Togo. Mama Asigble asked for a special clinic in the area to control the disease. In an address read on his behalf, the Secretary for Health, Lieutenant-Colonel Twum Ampofo disclosed that large quantities of drugs had been ordered from the German Democratic Republic to fight Bilharzia. [Text] [Accra DAILY GRAPHIC in English 17 May 82 p 1]

MAN-EATING MICE INVASION--Giant mother mice are reported to have invaded the Isolation Ward for children at the Korle Bu Teaching Hospital in Accra and causing considerable damage to life and property. The mice are said to be feeding on the flesh of the children on admission at the ward at night. Investigations conducted by the 'Times' indicated that some time last week two children lost sizeable portions of their flesh--the work of the mice. In an interview yesterday at the Korle Bu Teaching Hospital, a spokesman said the authorities were aware of the invasion. The spokesman explained that attempts had been made to put the situation under control but the traps being used by the sanitary department were not effective enough. Besides, the mice outnumber the traps available. According to him, the Ministry of Health had been asked to contract a pest control firm to fumigate the whole hospital as was done two years ago. The spokesman recalled that an agreement arrived between the Ministry of Health and a pest control firm two years ago under which the firm was to fumigate the hospital every three months but all of a sudden the whole exercise stopped. [Text] [Accra GHANAIAN TIMES in English 20 May 82 p 3]

CSO: 5400/5624

RECENT TETANUS CASES FOLLOWED; HEPATITIS, MALARIA REPORTED

Athens I VRADYNI in Greek 17 May 82 p 16

[Article by D. Politis]

[Text] Following the tetanus cases, the Piraeus State Hospital in Nikaia reported cases of hepatitis, while there is danger of malaria also. These cases increased to the utmost the anxiety of both the hospital personnel and the patients regarding the measures [to be taken].

While the public prosecutor ordered a preliminary investigation about the three tetanus cases in the hospital, two hepatitis cases were reported. Those stricken were nurse Eleni Boundouri who serves in the Second Surgical Clinic and physical therapist I. Paridis who works in the hospital's Neurosurgical Clinic. Boudouri has already recovered while Paridis was transferred to the Communicable Diseases Hospital and now is on recuperative leave.

The two hepatitis cases were again kept carefully secret as in the tetanus cases. The cause of the infection suffered by the nurse and the physical therapist is unknown. The specialists, however, believe that it is not accidental because it has afflicted two persons working in the same area. It is possible that the hepatitis virus was transmitted to both by instruments such as syringes, needles and other objects used in the hospital but which were not well sterilized.

The danger to the Nikaia Hospital personnel and patients is considerable, given that the virus remains in the blood 3-4 weeks before the initial symptoms of the disease appear. The incubating period lasts from 60 to 160 days. According to testimony by medical and nursing staff members, the hospital administration has not taken any measures until now for coping with any new cases.

Malaria Too

On the other hand, I VRADYNI has reports that for a week now two alien sailors have been treated in the hospital for malaria symptoms. Both sailors served on the same ship and are being treated in the hospital's First Pathological Clinic.

The hospital's personnel is very perturbed because of all these reported cases which immediately endanger their lives and those of the patients. Staff members characterize as simply symptomatic the fact that no more persons were afflicted by these dangerous and contagious diseases.

7520
CSO: 5400/5325

BRIEFS

RISE IN TUBERCULOSIS INCIDENCE--According to existing data, tuberculosis is once again on the rise in our country, when it was believed to have been "vanquished" for many years. According to our information, the Ministry of Social Services is gathering data in order to determine the extent of the problem and, if necessary, to adopt pertinent measures to confront the situation. [Text] [Athens TA NEA in Greek 2 Jun 82 p 12]

CSO: 5400/5326

BRIEFS

GASTROENTERITIS IN MADHYA PRADESH--SEHORE, MP, May 14 (UNI)--The entire Sehore district has been declared gastro-affected after an outbreak of gastro-enteritis claimed 15 lives during the past few days in villages around Nasrullagang town, 18 km from here. About 190 cases of gastro-enteristis have been reported from the villages so far, according to official sources. [New Delhi PATRIOT in English 15 May 82 p 4]

CSO: 5400/7072

BRIEFS

MALARIA DETECTED IN NEPAL--Ramechhap, June 2--Malaria patients have been found again in four villages of Remechhap district it is stated by the local malaria office, reports RSS. Malaria
28 persons at Gunsal of Gunsi Bhadaure village panchayat Sangutar Besi of Bankibheri village panchayat, Mugitar of Mugitar village panchayat and Bhirkot and Besitole for Deurali village panchayat. Although the local malaria office claims to have dispatched its officials to the villages for follow-up measures for controlling malaria, the farmers in the village panchayats say that no such workers have been seen here. Malaria was detected here about four weeks ago. Labourers coming from India are learnt to have carried the disease. [Text] [Kathmandu THE RISING NEPAL in English 3 Jun 82 pp 1, 6]

CSO: 5400/5625

BRIEFS

MOSQUITO CONTROL CENTER--Beersheba--A center for the biological control of mosquito infestations has been established at Ben Gurion University here. Malaria, carried by mosquitoes, is a severe problem in many parts of the world, affecting large populations and causing an estimated million deaths annually. Several years ago Dr J. Margalit here isolated an Israeli strain of bacillus thuringiensis, which efficiently decimated mosquito colonies (see INNOVATION 52, March 1980). Later field tests, including extensive work in Kenya under the auspices of the World Health Organization, demonstrated that the same microorganism also is an effective foe of other harmful insect varieties. More recently, B.T. israelensis was tried successfully in many other parts of the world. Because of that experience, the bacillus is now produced by important laboratories in several foreign countries, including France, the U.S.A. and China; in all those places scientists hope to introduce it as a replacement for chemical pesticides. The latter not only have detrimental ecological side effects, but also grow less and less effective as resistant insect varieties develop. The new Ben Gurion U. institute will continue to develop biological methods for mosquito extermination. It is likely that the same basic methods will also be expanded to cover the control of other types of pests. [Text] [Jerusalem INNOVATION in English No 77, Apr 82 pp 1,2]

CSO: 5400/4724

BRIEFS

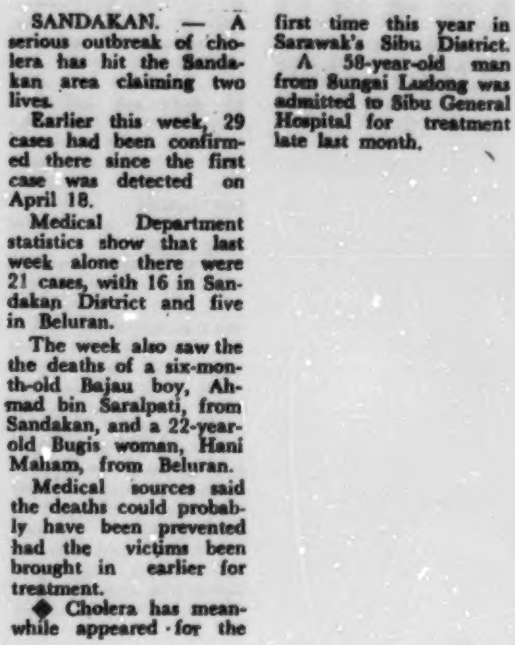
SEWAGE SYSTEM IMPROVEMENT--Two contracts amounting to $7.25 million to construct sewerage works in Kingston were signed at the offices of the National Water Commission on Trinidad Terrace, in New Kingston on Friday. McGregor and Levy/Halmer Construction Corporation (a joint venture) signed a $5.18 million contract while David Chin and Associates Ltd., received a $2.07 million contract. Work will be carried out in Barbican, Somerset, Sandy Gully, East King's House Road, Eastwood Park Road, Maxfield Avenue and at the Greenwich Sewerage Disposal Works which are to be upgraded. Work is scheduled to begin in July of this year and end in August 1983. After the signing the Minister of Public Utilities, the Hon. Pearnel Charles appealed to contractors awarded N.W.C. contracts to do their jobs well as he was "not going to take another South Haven, Washington Gardens type of job." Referring to past experiences when "contractors operate in a manner which pay very little regard to the interests of the public," he said, "This will not be tolerated by this Government or myself as Minister having responsibility for the commission." [Text] [Kingston THE DAILY GLEANER in English 24 May 82 p 1]

CSO: 5400/7558

CHOLERA REPORTED IN SABAH, SARAWAK

Kuala Belait BORNEO BULLETIN in English 8 May 82 p 2

[Excerpt]



SANDAKAN. — A serious outbreak of cholera has hit the Sandakan area claiming two lives.

Earlier this week, 29 cases had been confirmed there since the first case was detected on April 18.

Medical Department statistics show that last week alone there were 21 cases, with 16 in Sandakan District and five in Beluran.

The week also saw the the deaths of a six-month-old Bajau boy, Ahmad bin Saralpati, from Sandakan, and a 22-year-old Bugis woman, Hani Maham, from Beluran.

Medical sources said the deaths could probably have been prevented had the victims been brought in earlier for treatment.

◆ Cholera has meanwhile appeared for the first time this year in Sarawak's Sibu District.

A 58-year-old man from Sungai Ludong was admitted to Sibu General Hospital for treatment late last month.

CSO: 5400/8423

BRIEFS

CHOLERA CASES--The outbreak of cholera has claimed one casualty with the death of a fisherman in (Binatar) in the Sixth Division. Another confirmed cholera case and two carriers were reported yesterday, bringing the total of confirmed cases to 23 and carriers to 43. [Text] Kuala Lumpur Domestic Service in English 1130 GMT 20 May 82 BK]

CSO: 5400/2169

BRIEFS

LEPROSY STATISTICS--Mexico City, 8 Jun (NOTIMEX)--Leprosy is reportedly on the rise in this country and according to conservative estimates, some 70,000 Mexicans are already suffering from this disease. In addition, some 15,000 new skin problems caused by parasites, bacterias, viruses and fungi of various types have also been reported in the last 18 months. It has been observed that leprosy cases are more frequent in the states of Michoacan, Guanajuato, Queretaro, Veracruz, Sinaloa, Jalisco and the capital. [FL091445 Mexico City NOTIMEX in Spanish 1331 GMT 8 Jun 82 FL]

CSO: 5400/2168

BRIEFS

MEASLES REPORTED IN WEST JAVA--Jakarta, May 29--A measles outbreak has struck a village in West Java killing 22 children and one adult in just two months, the semi-official newspaper Suara Karya (workers voice) reported today, says AFP. Measles, which is called morbili locally, infected some 380 children under 12 in the village of Mekarwangi in Garut regency during March and April. The paper said that nutritional deficiencies were blamed for most of deaths and families that have been struck have been issued with financial grants to help them buy food and medicines. [Text] [Kathmandu THE RISING NEPAL in English 30 May 82 p 3]

CSO: 5400/5625

PEOPLE'S REPUBLIC OF CHINA

BRIEFS

SICHUAN LOCAL DISEASE CONTROL--Sichuan Province has done well in preventing and treating local diseases, and the number of patients suffering from diseases such as schistosomiasis, malaria and uncinariasis is now greatly reduced. The provincial CCP committee's leadership group on local diseases recently held a meeting to make arrangements for this year's work. The meeting demanded that all places further strengthen leadership and do well in preventing and treating local diseases. (Yang Xidong), provincial CCP committee deputy secretary and head of the leadership group on local diseases, presided over the meeting. The province now has 11 kinds of local diseases, including schistosomiasis and malaria, which are found in the southern part of the country, and Keshan disease and Kaschin-Beck disease, which are found in the northern part of the country. [Chengdu Sichuan Provincial Service in Mandarin 0030 GMT 11 May 82 HK]

CSO: 5400/2169

MEASLES IMMUNIZATION DRIVE SET FOR CENTRAL LUZON

Manila BULLETIN TODAY in English 29 May 82 p 36

[Text]

MALOLOS, Bulacan — Regional Director Napoleon Noveno of the Ministry of Health stepped up the measles immunization drive for 50,000 children in Central Luzon.

The campaign which was launched last November had already immunized some 30,000 children in six provinces, it was reported by the health director.

The MOH has adopted a nationwide immunization program patterned after the strategy used by Noveno in conducting the campaign in Region III.

Director Noveno said the immunization against measles is important to children and it would greatly reduced the mortality rate caused by the disease.

He said all health projects are now integrated with the primary health care program to make every community in Central Luzon a better place to live in.

Noveno is not a swivel-chair type of government official and he is spending most of his time in the field overseeing the implementation of the community-based health care plan.

CSO: 5400/5615

BRIEFS

MEASLES IMMUNIZATION DRIVE EXPANDED--Iloilo City--Regional Director Luis Montero of the Ministry of Health has launched an expanded measles immunization campaign by immunizing some 10,000 children in Western Visayas. Health Minister Jesis Azurin has directed the drive to protect small children from the killer disease. All MOH regional offices are conducting the campaign which started from Region III headed by Director Napoleon Noveno. Montero expects to immunize 35 percent of the infant's population in the different provinces, cities and towns of Region VI which is now deeply involved in the implementation of the primary health care program and backed up by the Panay Unified Services for Health (PUSH). Pedro Gaton, health regional training chief, was designated by the regional director to supervise the immunization campaign being undertaken by rural health units. Also, five ranking officials of the regional office were lauded for their exemplary performance in rendering an efficient and selfless service to the people. [Text] [Manila PHILIPPINES DAILY EXPRESS in English 5 Jun 82 p 36]

CSO: 5400/5625

PREVENTION, CURE OF MALARIA DISCUSSED

Johannesburg THE STAR in English 21 May 82 p 19

[Article by Pamela Kleinot: "Malaria Need Not Kill--Expert"]

[Text] Malaria, a disease transmitted by the anopheles mosquito that kills two million people throughout the world each year, can be prevented or cured completely by drugs.

"There's no excuse for tourists dying from malaria," says Professor Margaretha Isaacson, an expert in tropical diseases.

Her comments follow the deaths of two people in the past two weeks from cerebral malaria.

Both died in Johannesburg hospitals after visiting the Kruger National Park recently.

These deaths come a month after The Star highlighted the various diseases that could be contracted while travelling.

Professor Isaacson, of the South African Institute for Medical Research and the University of the Witwatersrand, stressed the risks of catching malaria by not taking preventive drugs or taking them incorrectly.

She urged people to tell their doctors they had been travelling, should they have flu-like symptoms afterwards, and warned that malaria could kill if it remained undiagnosed.

Yesterday Professor Isaacson said the Kruger National Park issued warning pamphlets when reservations were made.

She said there were notices at the entrance to the park and behind the reservation desks and in the bungalows was a list of anti-malarial pills available.

The huts were sprayed with insecticides and there were screens on the windows and doors.

"The Department of Health and Parks Board officials do everything possible short of posting a policeman outside your room to push tablets down your throat," she said.

"Tourists need not die from malaria."

Malaria is not confined to the Kruger National Park. Other affected areas include the lowveld areas of the Northern Transvaal and Eastern Transvaal, kwaZulu, Northern Natal, Swaziland, Botswana, Zimbabwe, northern Namibia and Malawi.

Professor Isaacson repeated her call for people to take anti-malarial pills when going to these areas.

The tablets should be taken a week before departure, during the visit and for five to six weeks after returning home.

CSO: 5400/5618

BRIEFS

NEW MALARIA APPEAL--The Health Department has again appealed to people to take medical precautions before visiting malaria areas following the death last week of a Kruger National Park official. Mr Pieter Steenkamp (36) died shortly after being admitted to the Rob Ferreira Hospital in Nelspruit last Monday. The cause of his death was diagnosed as malaria. Health authorities said a haemorrhagic complication had set in. According to newspaper reports, he was prevented from taking anti-malaria tablets because of a major operation several years ago. A Health Department official said in Pretoria yesterday anti-malaria medication produced few contraindications. But if people were affected by the tablets they should consult their doctors and preferably not visit areas where they risked contracting malaria. [Text] [Johannesburg THE CITIZEN in English 3 Jun 82 p 11]

CSO: 5400/5616

BRIEFS

WARNING ON JAPANESE-TYPE ENCEPHALITIS--A nationwide warning against a Japanese-type encephalitis was issued yesterday by the Ministry of Health and Social Affairs. The measure immediately followed the appearance of culex mosquitoes, known as the main source of the summer disease, in the southern provinces. The culex mosquitoes--smaller in size than ordinary mosquitoes and red in body--made their appearances this year about 12 days earlier than last year, the ministry spokesman said. The mosquitoes were found yesterday in three southern areas Kimhae, Kyongsang Namdo; Kwangju, Cholla Namdo and Wanju, Cholla Pukto. The ministry also ordered provinces and cities to take thorough precautionary steps against the possible outbreak of summer epidemics. The Japanese-type encephalitis, with a high rate of fatality and severe after-ill effects, is symptomized by high fever and headaches, ministry officials said. Severe cases of the disease fall into a coma accompanied by convulsions, during the critical period of the disease, they noted. The ministry advised every household to take precautionary measures ty inoculating their children between three and five years of age against the disease. Last year a total of 194 people were stricken by the disease, of whom nine died, they said. [Text] [SK150037 Seoul THE KOREA HERALD in English 15 Jun 82 p 8]

CSO: 4120/296

BRIEFS

DIARRHEA IN SOUTH SRI LANKA--Steps have been taken to control the spread of diarrhoea in the Moneragala District. The Moneragala Health Office has taken prompt action to stop this epidemic. Those affected in the Siyambalanduwa Ethimale, Mariarawa and Kolladeniya areas are being admitted to the Moneragala and Badulla hospitals for treatment. Advice is also being given on the use of latrines and boiled water. Action has been taken to chlorinate a water in wells ponds and other sources from where water is taken for drinking purposes. [Text] [Colombo THE ISLAND in English 29 May 82 p 3]

CSO: 5400/5617

CHOLERA-RELATED BAN ON SA VEGETABLES, FRUITS BREEDS SMUGGLING

Mbabane THE SWAZI OBSERVER in English 29 May 82 p 4

[Editorial: "Fruits on Market"]

[Text]

WHEN the cholera epidemic hit Swaziland in the middle of last year the Government issued a strong warning and banned the importation of vegetables and fruits from South Africa.

It was made clear that this action was taken to avoid the cholera disease from spreading. This order also included many uncooked foodstuffs which, under previous conditions to the cholera epidemic, crossed the two borders.

Under this order police were instructed to enforce the law on those found contravening order. It is a known fact that before the cholera epidemic hit Swaziland, Swazis enjoyed the benefits of importing any vegetable or fruit that was on sale on the South African markets.

Although the list of fruits which were available is rather too long to innumerate the main that Swazis had access to were apples, grapes, peaches, pears, plums and mangoes, depending on the season.

Soon after the banning order was made, the country was subjected to serious shortages and soaring prices of onions, cabbages and tomatoes. Life began to go back to normal when our local farmers realised that the task of providing these foodstuffs was in their hands instead of the South Africans.

Somehow, the law appears to have laxed because apples and other fruits on the banning list have been seen around the local markets recently. At first, this was conducted in hush-hush tones by the market vendors. The first day it hit, one would have thought it was drug-pushing, highlighted by whispers and pats on the shoulder.

We are informed that the banning order has not yet been lifted.

We feel a clear-cut policy statement over this is needed: whether the banning order remains or is lifted. We feel that as long as the ban is not fully enforced, contraband racketeers will continue profiteering.

People will never stop buying these smuggled goods because they are used to them and they need them. For instance, nothing will stop anyone buying a bunch of the choicest grapes on the market at E2 which, under normal circumstances, would cost 50 cents.

CSO: 5400/5623

CHIEF MEDICAL OFFICER SAYS DYSENTERY DECLINING IN ZANZIBAR

Dar es Salaam DAILY NEWS in English 1 Jun 82 p 3

[Article by Abdallah Yakuti]

[Text] AT least 28 people have died and eight others are receiving treatment at Zanzibar's V.I. Lenin Hospital since the dysentery epidemic broke out in the Island in March, this year.

The Hospital's Chief Medical Officer, Dr. Athanas, told the President of Zanzibar, Ndugu Aboud Jumbe, that the disease was at present on the retreat.

Dr Athanas had gone to the State House in Zanzibar to brief Ndugu Jumbe on the progress to eliminate the disease. He said the number of deaths could be higher if those who had died in homes were also accounted for.

He explained that of the 502 people admitted at the hospital for treatment between April and May this year, 28 of them had since died. He said 327 others had been released after treatment and that at present only 80 patients were at the hospital undergoing treatment.

Most of the victims who were taken to the hospital in time had recovered, but those who were admitted during the terminal stages of the disease died he said.

He added that it was important for the Government and the Party at district and village levels to educate the public on the need to send to hospital as quickly as possible relatives who caught the disease instead of waiting until the victims were in a critical condition.

Dr. Athanas told Ndugu Jumbe that medical authorities in Zanzibar would continue to admit dysentery patients in isolation wards to contain the spread of the epidemic.

It is understood that many people prefer to nurse their sick relatives at home rather than sending them to hospitals because when the patients are admitted the relatives are denied permission to visit them.

He said the condition to isolate patients was intended to protect healthy relatives from getting the disease from the victims admitted in the hospitals.

Dr. Athanas also warned the public against depending on boiled clove or tea solutions. He said there were enough supplies of drugs in all the government hospitals for treating dysentery.

Although Pemba island has not been so much affected by the disease, yet the Ministry of Health does not intend to take any chances. It has already dispatched a medical team complete with equipment and drugs to Pemba to stand by.

CSO: 5400/5622

BRIEFS

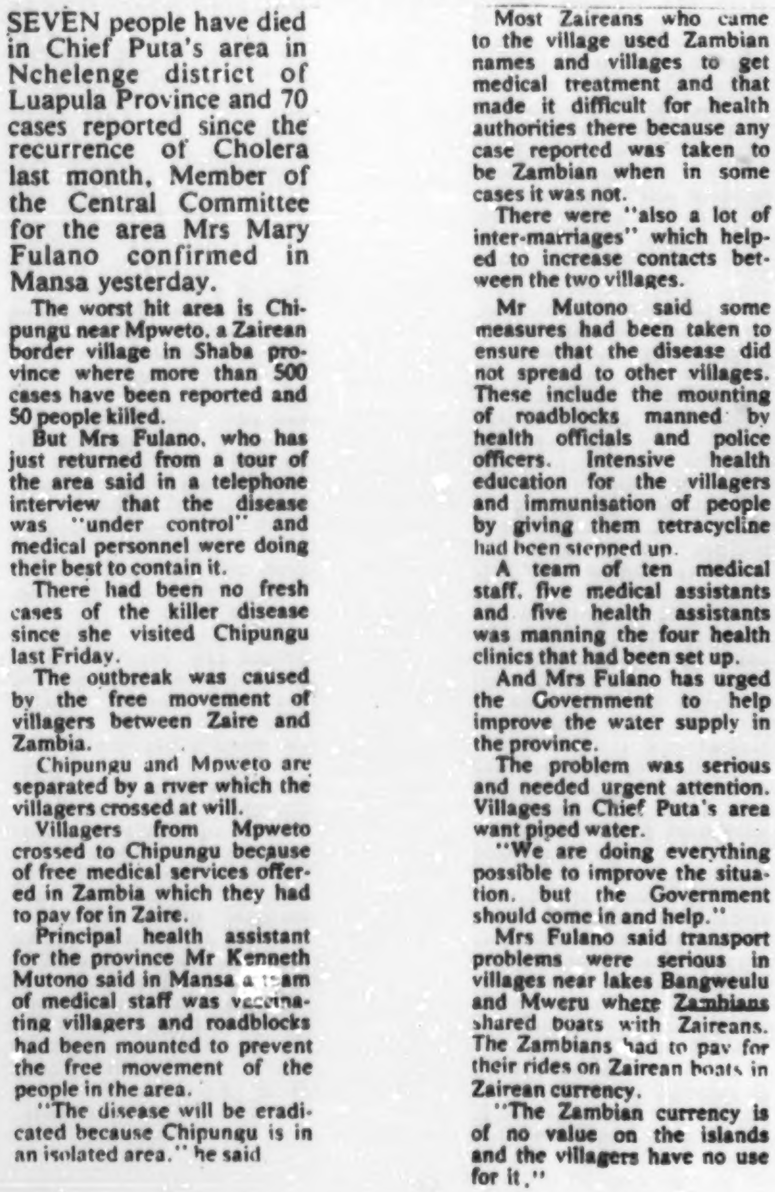
DYSENTERY EPIDEMIC--An epidemic of dysentary has broken out in (Kavongo) parish, (Hoima) District. The sub-county chief of the area, Mr (Kanyanyani Kasipia) told a UGANDA NEWS AGENCY correspondent in (Homa) town that at least 2 people are dying every day. Several victims of the epidemic have been admitted in (Hoima) hospital. Arrangements are being made to send a vaccination team to the area. [Text] [EA131404 Kampala Domestic Service in English 1000 GMT 13 May 82]

CSO: 5400/5621

CENTRAL COMMITTEE MEMBER SAYS CHOLERA OUTBREAK UNDER CONTROL

Lusaka TIMES OF ZAMBIA in English 28 May 82 p 1

[Text]



SEVEN people have died in Chief Puta's area in Nchelenge district of Luapula Province and 70 cases reported since the recurrence of Cholera last month, Member of the Central Committee for the area Mrs Mary Fulano confirmed in Mansa yesterday.

The worst hit area is Chipungu near Mpweto, a Zairean border village in Shaba province where more than 500 cases have been reported and 50 people killed.

But Mrs Fulano, who has just returned from a tour of the area said in a telephone interview that the disease was "under control" and medical personnel were doing their best to contain it.

There had been no fresh cases of the killer disease since she visited Chipungu last Friday.

The outbreak was caused by the free movement of villagers between Zaire and Zambia.

Chipungu and Mpweto are separated by a river which the villagers crossed at will.

Villagers from Mpweto crossed to Chipungu because of free medical services offered in Zambia which they had to pay for in Zaire.

Principal health assistant for the province Mr Kenneth Mutono said in Mansa a team of medical staff was vaccinating villagers and roadblocks had been mounted to prevent the free movement of the people in the area.

"The disease will be eradicated because Chipungu is in an isolated area," he said.

Most Zaireans who came to the village used Zambian names and villages to get medical treatment and that made it difficult for health authorities there because any case reported was taken to be Zambian when in some cases it was not.

There were "also a lot of inter-marriages" which helped to increase contacts between the two villages.

Mr Mutono said some measures had been taken to ensure that the disease did not spread to other villages. These include the mounting of roadblocks manned by health officials and police officers. Intensive health education for the villagers and immunisation of people by giving them tetracycline had been stepped up.

A team of ten medical staff, five medical assistants and five health assistants was manning the four health clinics that had been set up.

And Mrs Fulano has urged the Government to help improve the water supply in the province.

The problem was serious and needed urgent attention. Villages in Chief Puta's area want piped water.

"We are doing everything possible to improve the situation, but the Government should come in and help."

Mrs Fulano said transport problems were serious in villages near lakes Bangweulu and Mweru where Zambians shared boats with Zaireans. The Zambians had to pay for their rides on Zairean boats in Zairean currency.

"The Zambian currency is of no value on the islands and the villagers have no use for it."

CSO: 5400/5622

BRIEFS

FOOT-AND-MOUTH DISEASE--According to the Ministry of Agriculture, Forestry and Foodstuffs, the closure due to foot-and-mouth disease of the Zingst Peninsula of the Ribnitz-Damgarten Kreis and the partial closure of the F 105 in the Karnin area will be lifted on 28 May 1982. On this date travels to the Zingst area will be possible, but Darss including Prerow, Wieck and Born will still be closed to travelers. [East Berlin NEUES DEUTSCHLAND in German 27 May 82 p 2 AU]

CSO: 5400/2169

BRIEFS

VETERINARY MEDICINES CONSIGNMENTS--The second consignments of veterinary medicines worth 17.2m/- ordered recently by the Ministry of Livestock Development is expected to be delivered soon. The Ministry's Assistant Director for Animal Health, Dr S.R. Magembe, said yesterday that the consignment would mainly consist of medicines for cattle and chicken diseases. He said that the first consignment which comprised medicines for dog diseases was delivered in the country about two weeks ago. Dr Magembe said the medicines which were bought through grants from Norway and Germany would alleviate the current shortage. [Text] [Dar es Salaam DAILY NEWS in English 4 Jun 82 p 3]

CSO: 5400/5626

BRIEFS

OUTBREAK OF HYDATIDOSIS--The outbreak of hydatidosis disease in Rio Negro Department has led to a campaign to keep it from spreading. According to a report on this problem, of 3,940 slaughtered animals 1,725 were found infected. [Montevideo El Espectador Network in Spanish 1600 GMT 19 May 82 PY]

CSO: 5400/2169

BRIEFS

SALE OF VETERINARY MEDICINE--The Council of Ministers Chairman has issued a resolution clearly stating that: In order to create conditions for heightening the output, quality and economic effect of the production and utilization of veterinary vaccines along with implementing the policy on annulling the supply system so as to decrease state budget expenditure, starting 1 June 1982 veterinary vaccines will be sold to the state-operated animal husbandry sector, to collective zones, and to families at state price. In order to decrease vaccine prices, starting June 1982 the state will exempt veterinary medicine manufacturing installations from state taxes on vaccines. Pending new prices, vaccines are to be sold at the current prices set by the Ministry of Agriculture. Regarding the districts in mountain areas where the people are not educated enough to assimilate technological advances and where livestock vaccination has not become a demand or habit, the province people's committees must base themselves on the concrete conditions in deciding to give veterinarian vaccines free for about three years at the cost supplied by local budgets. The Ministry of Agriculture is responsible for directing veterinary medicine manufacturing installations in increasing output and quality, in decreasing cost, and in supplying enough proper vaccines in a timely manner, and for developing vaccine selling to and vaccine use in animal husbandry installations and families along with cooperating with the Ministry of Finance in guiding the localities in seriously implementing the policy on selling veterinary vaccines. [Text] [Hanoi NHAN DAN in Vietnamese 7 May 82 p 4] 8418

CSO: 5400/5605

BRIEFS

NOOGOORA BURR OUTBREAK--A serious outbreak of noogoora burr--a plant that could cost WA sheep men millions of dollars--has been found in the Kimberleys. The discovery was made by an Agriculture Protection Board officer who found that it extended 16km along the Fitzroy River. There are fears that the infestation--the third found in WA--could spread 600km along the river to the sea. Noogoora burr is a serious problem in northern NSW and Queensland. It can be spread easily. The APB's chief officer, Mr Neil Hogstrom, said yesterday that the burrs, covered with hooked spines, could become entangled in wool, reducing the value of the wool clip by many millions of dollars. Noogoora burr was also poisonous in its early stages. Some of the plants found were up to 1.5m and bearing seeds. Staff were still searching the area for further infestations and residents were asked to report any suspicious-looking plants to the board. "We are asking visitors to take particular care and not pick up and spread the hooked burrs round the State," he said. Mr Hogstrom said that noogoora burr was a native of North America. Plants were first found in Queensland in 1860. The two other outbreaks in WA were near Perth and the lower Ord River. Both areas had been quarantined and were being eradicated. [Perth THE WEST AUSTRALIAN in English 8 May 82 p 11]

CSO: 5400/7557

PALAWAN, NEARBY ISLANDS QUARANTINED AGAINST RICE BUG

Manila PHILIPPINES DAILY EXPRESS in English 6 Jun 82 p 2

[Text]

PALAWAN and nearby islands have been placed under quarantine to prevent the spread of a dangerous pest attacking rice plants

Agriculture Minister Arturo R. Tanco Jr. said yesterday the pest, known as the rice black bug, was detected recently by the Bureau of Plant Industry

The bug is known to exist only in the Palawan Islands, which include Palawan, Cagayan de Sulu, and Cagayan Island, Tanco said.

TANCO banned the "movement transfer or carrying of rice plants" from Palawan, except when accompanied by permits from BPI Director Domingo Panganiban or his representative.

The quarantine order also prohibits the transport of plants belonging to the family *Graminae*, known to be the host plants of the black bug.

These steps will ensure protection of the rice industry from the spread of the bug, and will preserve the gains of the Masagana 99 programs, Tanco said.

He stressed that any person who violates the order may be imprisoned or fined up to ₱20,000.

Panganiban said yesterday a BPI team has been sent to Palawan to determine the extent of damage to crops and the possible solutions.

* * *

IN ANOTHER development, the National Food and Agricultural Council warned yesterday participating fertilizer dealers in the RP-Japan Food Production Program against using collection remittances for personal business

The NFAC said that some dealers have failed to turn over the collections to the Planters Products Inc. district warehouse and instead have used the money for their own business.

These dealers face strict punishments, the NFAC said —CC

CSO: 5400/5625

GRAIN BORER CONTROL SEMINAR

Dar es Salaam DAILY NEWS in English 31 May 82 p 1

[Text] A seminar-cum-training workshop is scheduled to open in Nzega today over ways of effectively controlling the Greater Grain Borer which has been damaging stored grain in five regions in the country.

Telephone contact with Nzega was difficult from Dar es Salaam yesterday and by the time we went to press, it was not confirmed as to who would open the six-day workshop scheduleu to end on June 5.

But a Ministry of Agriculture official confirmed yesterday that resource persons from the Ministry's Headquarters had travelled to Nzega for the seminar which has been financed by the United States Agency for International Development (USAID).

The Greater Grain Borer, alias *Prostephanus Truncatus* and *Scania*, is attacking stored maize in Tabora, Shinyanga, Mwanza, Morogoro and Rukwa regions. Infestation in Rukwa was recently reported in Mpanda District.

Agricultural extension officers, particularly those dealing with produce inspection and crop storage as well as peace corps working on village storage in the country, would attend the Nzega meeting.

Various experiences in fighting the beetle, a known pest of storage maize in the US and Central America, would be discussed during the seminar.

Scania was first reported in Tabora last year, the first known infestation of the pest in Africa.

CSO: 5400/5622

BRIEFS

INSECT INFESTATION--According to the Vegetation Protection Department (Ministry of Argiculture), in Nghe Tinh, Vinh Phu, Ha Bac and Ha Son Binh provinces, in Hai Phong City...many highly concentrated pockets of brown planthoppers have appeared among the early fifth-month and spring rice crops with small-scale disasters in some areas. Brown planthoppers can cause large-scale disasters in the near future. The Ministry of Agriculture reminds the Northern provinces and cities of careful ricefield inspections and of organizing brown planthopper eradication in time. [Text] [Hanoi NHAN DAN 6 May 82 p 4] 8418

CSO: 5400/5605 END

JPRS 81201

2 July 1982

Worldwide Report

EPIDEMIOLOGY

No. 285

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EPIDEMIOLOGY

No. 285

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INTESTINAL PARASITIC INFECTION PREVALENT AMONG STUDENTS

Dacca THE BANGLADESH TIMES in English 24 May 82 p 3

[Text]

About 57 per cent of the students of Dacca University, who come to the university's Medical Centre for treatment suffer from intestinal parasitic infection.

Dysentery is the commonest of all kinds of parasitic infections from which majority of the students suffer. According to experts, all of three kinds of dysentery - Amoebic, Bacillary and Giardia — are caused owing to non-hygienic condition of the residential halls. The problem is compounded by lack of awareness about personal hygiene among the food handlers.

Overcrowding is another reason for infection and spread of some common diseases. These include dysentery, helminthic infestations, peptic (gastric or duodonal) ulcer and occasional gastritis.

Regarding the spread of the disease the doctors of the medical centre said the students could not afford to maintain hygienic condition. They do not use soap after toilet. Cyst can easily pass from their hands to the food, the plate, glass or spoons.

When asked about the preventive measures, the doctors said that food-handlers should be given medical check-up, drinking water should have adequate chlorination along with clean Hall surroundings.

Besides dining halls itself are dirty and are breeding grounds of flies.

Peptic ulcer is another major disease from which about 35 per cent of the residential students suffer. Irregularity in food intake, hot spicy food, too much nervous strain are among reasons for the disease.

About 100 student were attacked with chicken pox during the current academic year (1981-82) as against 41 in 1980-81 and 89 students 1971-72.

Sex borne disease is also common among the students and "everyday we find two to four patients, suffering from venereal disease", a doctor of the medical centre said.

About 300. to 500 students visit the medical centre every day. About Taka 90 thousands are spent monthly for medicine given to the patients free of cost.

The doctors said, "We're often accused of prescribing the same medicine for different kind of diseases. This is not true. Students misunderstand us because we don't have different brands of the same medicine".

Students often complain that the residential halls are the worst places where "germs and men live together". They blame hall authorities for the unhygienic condition. Often the concerned employees failed to discharge their duties in cleanliness, they said. However, comment of the hall authorities on if students themselves were partly to blame for unhygienic condition were not available.

CSO: 5400/7077

BRIEFS

KHULNA DIARRHEA OUTBREAK--Khulna, May 8: At least 44 persons including 36 children died of diarrhoea and 1,300 others were admitted to the Infectious Diseases Hospital at Mirerdanga during the last one month ending at May 4, according to official sources. The diarrhoea broke out on a large scale in Khulna city and its suburbs in the first week of April. It was still taking its toll. Local medical practitioners feared that the number of diarrhoea attacks and death could be higher as many have gone in for private medical treatment without reporting to the overcrowded and ill-equipped hospital at Mirerdanga. The hospital has the capacity to accommodate only 20 patients. The floors and verandahs of the hospital have been put into use to meet rush of patients. It is also learnt that the supply of necessary medicine is not adequate to cope with the situation. The outbreak of the disease is attributed to a continued hot spell and sultry weather, shortage of pure drinking water, lack of knowledge of personal hygiene and economic hardship. Most of the patients came from the poor and disadvantaged sections of the society, the physicians said. [Text] [Dacca THE BANGLADESH TIMES in English 9 May 82 p 1]

CHOLERA DEATH RATE--Oral replacemant solution (ORS) during the diarrhoeal disease episode has dramatically reduced the mortality in the rural areas of the country. The oral rehydration programme brought down the diarrhoeal death rate among children in Companiganj from 15.6 per 1,000 in 1975-76 to 6.2 in 1977-78. Mortality rates from diarrhoea in the 'programme' and 'control' villages were respectively 0.6 and 2.9. The annual attack rate in Teknaf was 123 per 1,000 people. Male children up to 14 years have higher cholera attack rates than female children. But females aged between 15 and 45 have almost twice the cholera attack compared to the male in the same age group, an ICDDR, B finding says. The vicious cycle of diarrhoea and malnutrition are an important cause of high morbidity and consequent mortality. It has been estimated that over 2.5 lakh people, mostly children, die of diarrhoeal diseases annually in the country. Available statistics reveals more than 30 cases of diarrhoea per year per 1,000 patients are admitted to hospitals. And about 17 cases are of serious nature. [Saleem Samad] [Excerpt] [Dacca THE NEW NATION in English 7 Jun 82 p 1]

MYSTERY DISEASE DEATHS--Chittagong, June 8: At least five persons died and 65 others were attacked with an unknown type of disease in Taknaf and Ukhia in Cox's Bazar subdivision in Chittagong uptil Tuesday, SDO Cox's Bazar confirmed the news to Times. This mysterious disease was learnt to have spread in the area over the last one week. The primary symptom of the disease is vomitting tendency headache and leaves the patient unconscious. Uptil now 50 persons were admitted in Teknaf Hospital and 20 were admitted to Ukhia hospital. Of them five persons died in Teknaf. Some believe it to be viral encephalites while others think it as cases of food poisoning. [Text] [Dacca THE BANGLADESH TIMES in English 9 Jun 82 p 8]

CSO: 5400/7076

AUTHORITIES DECLARE FOOT-AND-MOUTH DISEASE ERADICATED

Restrictions, Observation Zone End

Copenhagen BERLINGSKE TIDENDE in Danish 2 Jun 82 p 7

[Text] The last observation zone for foot-and-mouth disease around Vedskølle near Skælskør in Zealand has been repealed as of today, and the disease is regarded by the veterinary authorities as having been completely eradicated. On the other hand, Erik Stougaard, director of the veterinary service, expects that it will take several months for the large international markets to be reopened, especially the Japanese market.

Next Friday, the Danish authorities will inform the international office for livestock diseases in Paris that it is now 30 days since the latest outbreak of the disease was ascertained, and, as a result, according to the international regulations, Denmark will again automatically be given the status of a country free from foot-and-mouth disease.

The repeal of the observation district in Zealand will mean that all restrictions concerning the slaughter and transport of cattle and pigs will be lifted. However, the veterinary department will maintain its ban on the transport of animals from Zealand and Funen to the rest of the country. The decision has been made to facilitate the reopening of the distant chief markets.

The export to the EC has been resumed to the normal extent, but the United States, Japan and a number of other countries will decide independently when they will again permit the import of Danish pork and beef.

Sweden now again permits the import of dairy products but maintains its import ban on meat, which has hit businessmen in the towns on the Sound severely in that they, to a large extent, live on the shopping trips across the Sound by Swedish consumers. The state has so far paid 16 billion kroner by way of compensation to the farmers hit by the foot-and-mouth disease, but the total bill is expected to exceed 20 billion kroner.

Sweden Keeping Import Ban

Copenhagen BERLINGSKE TIDENDE in Danish 2 Jun 82 Sect III p 5

[Text] The Swedish import ban on meat and meat products will be maintained for at least another 6 months, whereas dairy products from Denmark will be imported anew.

This decision was made by the Swedish Agricultural Board last Tuesday seeing that, for a period of 4 weeks now, no further cases of foot-and-mouth disease have been ascertained in Denmark.

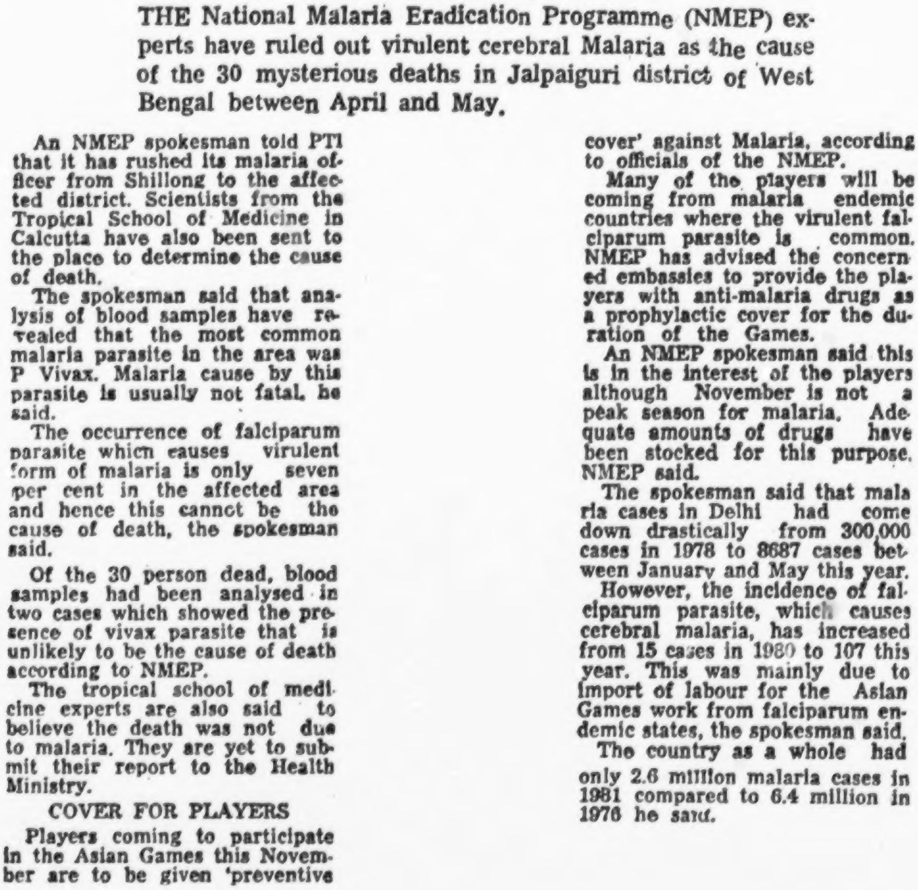
The continued import ban also applies to livestock, whereas horses are no longer comprised by it, and the Swedish Agricultural Board will, for the time being, maintain a certain amount of preparedness in case of new outbreaks of foot-and-mouth disease in Denmark.

7262
CSO: 5400/2165

MYSTERY DEATHS REPORTED NOT DUE TO MALARIA

New Delhi PATRIOT in English 9 Jun 82 p 8

[Text]



THE National Malaria Eradication Programme (NMEP) experts have ruled out virulent cerebral Malaria as the cause of the 30 mysterious deaths in Jalpaiguri district of West Bengal between April and May.

An NMEP spokesman told PTI that it has rushed its malaria officer from Shillong to the affected district. Scientists from the Tropical School of Medicine in Calcutta have also been sent to the place to determine the cause of death.

The spokesman said that analysis of blood samples have revealed that the most common malaria parasite in the area was P Vivax. Malaria cause by this parasite is usually not fatal. he said.

The occurrence of falciparum parasite which causes virulent form of malaria is only seven per cent in the affected area and hence this cannot be the cause of death, the spokesman said.

Of the 30 person dead, blood samples had been analysed in two cases which showed the presence of vivax parasite that is unlikely to be the cause of death according to NMEP.

The tropical school of medicine experts are also said to believe the death was not due to malaria. They are yet to submit their report to the Health Ministry.

COVER FOR PLAYERS

Players coming to participate in the Asian Games this November are to be given 'preventive cover' against Malaria, according to officials of the NMEP.

Many of the players will be coming from malaria endemic countries where the virulent falciparum parasite is common. NMEP has advised the concerned embassies to provide the players with anti-malaria drugs as a prophylactic cover for the duration of the Games.

An NMEP spokesman said this is in the interest of the players although November is not a peak season for malaria. Adequate amounts of drugs have been stocked for this purpose. NMEP said.

The spokesman said that malaria cases in Delhi had come down drastically from 300,000 cases in 1978 to 8687 cases between January and May this year.

However, the incidence of falciparum parasite, which causes cerebral malaria, has increased from 15 cases in 1980 to 107 this year. This was mainly due to import of labour for the Asian Games work from falciparum endemic states, the spokesman said.

The country as a whole had only 2.6 million malaria cases in 1981 compared to 6.4 million in 1976 he said.

CSO: 5400/7075

POSSIBLE KALA AZAR VECTOR IDENTIFIED IN BIHAR

Madras THE HINDU in English 3 Jun 82 p 10

[Text]

HUBLI, June 2.

There appears to be another prevalent vector responsible for the attacks of kala azar, the dreaded tropical disease, in the country, besides the one already known. This has been revealed in a study conducted by the Zoological Survey of India.

An analysis of 20,000 sand flies collected in North Bihar during three years from November 1978 put the per centage of *phlebotomus argentipes*the only proven vector of kala azar so far in India, at three while the presence of the newly identified *phlebotomus papat-asi* has been reckoned at 86 per cent.

A report of the Department of Environment of the Government of India quoting the Zoological Survey of India made available here says that there is every probability of the predominant species playing the role of vector either alone or along with *P.argentipes*. But this needs further confirmation *P.bapatas*has been a suspected vector of kala azar elsewhere.

The sand fly menace; With the launching of the National Malaria Eradication Programme, the widespread use of DDT had kept the sand flies, the vector of kala azar, under control. But later the sand flies began to reappear and in 1977, a kala azar epidemic struck Bihar, afflicting one lakh persons and killing 4,000.

The study in North Bihar involved bimonthly surveys in 11 localities of Muzaffarpur, Sitamarhi, Darbhanga and Samasthipur districts.

This is considered the first such detailed study of the population fluctuation of sand flies, undertaken during the time of the epidemic, in India.

During the first year (1978-79), the sand fly population was comparatively less apparently because of the regular application of DDT In the subsequent years, a spurt in the population was noticed.

The fly is practically non-existent in North Bihar during the extreme winter. Their peak period is during the monsoon months — from July to October.

Normally DDT is effective for six months. But in North Bihar, the effect does not last even for two months, because, a many houses are mud-walled and the walls are periodically applied with wet soil, which lessens the effect of the DDT

CSO: 5400/7074

BRIEFS

GASTRITIS IN MADHYA PRADESH--Bhopal, May 22: At least 30 deaths have been reported in the wake of an outbreak of gastro-enteritis in five districts of the state in the last six weeks. Sehore district alone accounts for 15 deaths since mid-April, according to official sources. The other affected districts are Dewas, Raipur, Bilaspur and Khandawa. The total number of cases of gastro-enteritis reported so far exceeds 250. The state health department has identified six other districts as epidemic-prone on the basis of figures in respect of cases reported in these districts in the last three years. The figures indicate widespread outbreak of gastro-enteritis during the period in Chattapur, Dhar, Durg, Jhabua, Shajapur and Tikamgarh districts. However, the incidence of the disease appears to be more widespread than what the official figures indicate, at the latest official data is a week or more behind date. It is stated that several cases in remote villages go unreported. [Text] [Bombay THE TIMES OF INDIA in English 23 May 82 p 8]

CSO: 5400/7073

REPORTED RABIES OUTBREAK, CONTROL MEASURES

Monrovia NEW LIBERIAN in English 7 Jun 82 p 3

[Article by Lue Hinnen]

[Text] There has been a reported outbreak of rabies in Zorzor District, Lofa Country. It broke out some two weeks ago as a result of stray dogs bites in that area.

Two rabies infested dogs bit a total of 13 persons in Zorzor City. Since then, there have been reported cases in other areas of the District, Killewu and Kpai-yea; as well as in Koyama, Guinea, just across the border from Zorzor.

According to Dr Mark Monson, Chief Medical officer at the Curran Lutheran Hospital, there are presently 26 patients affected by the disease. He said the patients are presently undergoing treatment at the hospital. Dr Monson said the Curran hospital has been treating those patients exposed to rabies, with human Dipliod Cell Vaccine.

The newly improved vaccine which is being provided for the Curran Hospital by the Ministry of Health, Dr Monson said is the first of its kind to be administered in Liberia. "The vaccine is so new that the exact usage has not yet been clearly established," he explained.

Dr Monson said the amateur radio operators in Lofa Country are also helping to combat the disease in the area. Amateur radio is an international organizatio for communication found in various countries. It is apolitical and is used in cases of emergency.

Since Zorzor has no telephone system, the amateur radio station, EL5G, which is operated by Dr Monson serves as the only means of communication between the Lutheran hospital and the J.F.K. Medical Center for instructions.

When contacted, the Deputy Chief Medical Officer of the Ministry of Health, Dr Ivan Camarner, told the NEW LIBERIAN in a telephone interview on Thursday that a team from the Public Health Bureau of the Ministry was sent to Zorzor last Friday to give vaccine to individuals within the area who were affected from the disease.

Dr Camarner added that the team was also instructed to physically eliminate all stray dogs found in the streets of Zorzor that are carrier of the disease.

Meanwhile he said, Public Health have taken swift measures in containing the rabies disease outbreak, adding that further comments would be made on the incidence upon the team's return from Zorzor.

CSO: 5400/5642

BRIEFS

MEASLES DEATHS IN BONG COUNTRY—About ten persons are said to have died recently of measles in the Jorwah area, Panta Chiefdom, Bong Country. This was revealed by Mr Wuo Leador Garteh, acting director of nurses at the Ahmed Sekou Toure Health Center in Jorwah Headquarters. Mr Garteh called on authorities of the Ministry of Health and Social Welfare to provide the center with transportation, fuel oil and laboratory equipment. He said, "We need transportation in order to reach out to the masses to educate them because most of them think we don't have treatment for measles and other diseases. For that reason they are going to sandcutters". [By Debester Y. Jarlwood] [Excerpt] [Monrovia DAILY OBSERVER in English 11 Jun 82 pp 1, 8]

CSO: 5400/5642

BRIEFS

CHILDREN VACCINATED--RUMPHI, Thursday--Some 499 children of up to two years age bracket have been vaccinated against polio in Rumphi, an official of the Ministry of Health here said. The number of children so far vaccinated represents an encouraging figure. [Text] [Blantyre DAILY TIMES in English 21 May 82 p 5]

CSO: 5400/5620

BRIEFS

CHIMOIO CHOLERA DEATHS--The cholera outbreak which was detected about a month ago in Chimoio Town has been brought under complete control. Since the outbreak of the disease in Chimoio, over 51,000 people have been vaccinated against cholera. The health services in Chimoio have reported that the disease cost the lives of five people. All those who had been taken to the hospital have now been discharged. [Text] [EA160044 Maputo Domestic Service in Portuguese 0600 GMT 15 Jun 82]

CSO: 5400/5632

BRIEFS

GANSU ENDEMIC DISEASE PREVENTION--Pingliang Prefecture, Gansu Province, has achieved new progress in preventing endemic diseases. Since the third plenary session, party committees have conducted extensive and intensive propaganda on the principle, policy and scientific methods for preventing endemic diseases. The prefecture has established 11 salt processing centers, making it possible for pastoral areas to have adequate supplies of iodized salt. Some 406 water projects aimed at preventing endemic diseases and improving water have been built, solving the problem of drinking water for 90,000 people and 30,000 head of draft livestock. Some 27,500 people in rural areas suffering from thyroid gland problems have been cured. [SK052206 Lanzhou Gansu Provincial Service in Mandarin 1125 GMT 4 Jun 82]

CSO: 5400/4003

YOUNG PEOPLE REPORTEDLY USED AS GUINEA PIGS FOR NEW VACCINE

Dakar JAY DOOLE BI in French No 28 May 82, p 4

[Text] In the latest JOURNEES MEDICALES DE DAKAR, it was announced that the "Tours-Dakar group" had perfected a vaccine against viral hepatitis B, a disease which might lie at the root of Primitive Liver Cancer (PLC).

On the other hand, this has not been publicized; and it is also under experimental conditions that the commercial and financial backdrop behind this affair has been woven.

In any case, the decision was made to try out this vaccine on 200,000 young Senegalese who will be followed up for 20 years. The main region chosen for this operation is the locality of Niakhar.

Under what conditions will this operation be carried out? Do we have the right to ask?

Did the "chosen" peoples consent to this?

Or indeed were they taken secretly as guinea pigs?

It is vain to speculate on the proportion of risk; an experiment remains an experiment.

But beyond this aspect, it is important to consider what two multinationals have already put themselves up against so they might cut out for themselves the lion's share in the marketing of the vaccine.

In 1972, Prof Blumberg of the Philadelphia Institute for Cancer Research discovered the existence of HB_s antigen in certain human serums.

Following this discovery, the multinational pharmaceutical firm of Merck Sharp and Dohme (MDS) developed a vaccine against viral hepatitis B which, in theory, was to be marketed after June 1982.

But the Americans are not the only ones in the fray for a market which looks to be very juicy.

Indeed, in 1976, Prof Maupas of the Tours Virology Institute announced the perfecting of a manufacturing process for the same type of vaccine.

Maupas will be "managed" by the firms of Matra, Renault and especially Elf-Aquitaine, whose subsidiary, Institut Pasteur Production, will set up a vaccine production sub-branch in Dakar for the 200,000 Senegalese. This will constitute a market of over 5 billion CFA francs.

In the economic war thus declared between the French and the Americans, it looks like Senegal is a testing ground, a puppet in the hands of the French camp.

This also is an aspect of neocolonialism!

9927
CSO: 5400/5979

MENINGITIS EPIDEMIC REPORTED IN SENEGAL-ORIENTAL RECION

Dakar JAY DOOLE BI in French No 28 May 82, p 4

[Text] For more than a month, people in Senegal-Oriental have been living with great anxiety, indeed in great disarray since meningitis has reached the endemic state.

Several serious cases, some deaths among them, have been recorded in Tamba and especially in the countryside (Cotiary, Goudiry, Lamina), particularly among the young.

Curiously, local authorities refuse to talk in terms of an epidemic. According to them, there is only a threat which, furthermore, is directed only at those 2 and 22 years old and which will be quickly brought under control by "effective measures to stop it."

In any case, at JAAY DOOLE BI, we want to state simply the following:

--When the epidemic was declared and duly made note of by a specialist in infectious diseases, Senegalese authorities did not inform the WHO. Why?

The French authorities if informed would have stipulated as a condition of "aid" that the existence of the epidemic be confirmed by a French specialist sent to the site.

As might be imagined, during all this time, meningitis was wreaking its havoc.

In the Tamba health center, people arrived at such a pace that the wards could no longer contain them. Then, someone hit upon the brilliant idea of setting up a tent in the courtyard to accommodate the sick.

This tent where the sick lie, some on makeshift beds (at latest report, it would appear that some beds were brought in), others on the ground itself, on a mat, and in the blazing heat (42°C in the shade), in and of itself expresses the drama in which the population of Senegal-Oriental is living.

Furthermore, Senegal-Oriental, the country's largest region, very distant from the large urban centers and an area very prone to epidemics, still does not have one single hospital.

The medical staff, very dedicated in the main but overwhelmed and placed under impossible working conditions, see all their efforts going to waste in the face of the pressing shortages of infrastructure, equipment and medicine.

When, then, will they get this hospital?

Certainly when the imperialist interests, along with capitalist projects such as MIFERSO (Iron Mining Company of Senegal-Oriental), require the large exploiters to move into the region with their families. Then certainly they will build a hospital, a high school, and so on...for the exploiters, and the health of the working people will sell very dear.

9927
CSO: 5400/5979

SHINYANGA REGION RABIES QUARANTINE

Dar es Salaam SUNDAY NEWS in English 6 Jun 82 p 1

[Text]

TWENTY-FOUR residents of Shinyanga town were recently bitten by an unidentified dog suspected to be rabid.

According to the Shinyanga District Veterinary Officer, Dr. S. Malimana, the quarantine imposed throughout the region against rabies is still in force.

He urged residents in the town to kill all stray dogs and cats or report them to his office. Those with pets should chain them, after ensuring that they have been vaccinated.

Meanwhile, the Acting Regional Medical Officer, Dr. J. Kweba, has urged all the people bitten by dogs to report immediately to the hospital for treatment.

CSO: 5400/5630

BRIEFS

KILIMANJARO RABIES EPIDEMIC SPREADING--Armed forces in Kilimanjaro Region might be asked to participate in an anti-rabies campaign to control the fast spreading epidemic which has already cost 12 lives. The Regional Medical Officer, Dr. E.E. Kiwelu, told Shihata in Moshi on Monday that it was imperative for all government institutions to be mobilized to fight the epidemic. So far, 61 dogs have been found to be rabid. Kiwelu said 49 other people were in a critical condition. "In fact they are at home dying quietly or some of them are already dead now," Dr. Kiwelu said adding that there was nothing he could do as there was not a single dose of anti-rabies vaccine to treat the disease in any of the region's hospitals or dispensaries. Dr Kiwelu further said that many lives would continue to be lost as the disease spreads with no effective prescriptions to cure the victims. "Worse still, the veterinary section has no bullets for killing stray dogs, cats and squirrels," he added. In such a situation, Dr Kiwelu said he had proposed the use of the armed forces in the control of the disease at a recent meeting of the Party Regional Executive Committee. [Text] [Dar es Salaam DAILY NEWS in English 9 Jun 82 p 3]

CSO: 5400/5627

UNITED ARAB EMIRATES

BRIEFS

CHOLERA, PLAGUE, TYPHUS--Dr Jabd al-Wahab al-Muhayab, UAE Health Ministry under secretary for preventive medicine, has received a report from the preventive medicine central department about the health situation in the UAE during the first 4 months of 1982. The report indicates that the UAE is free of cholera, the plague and typhus. [GF051820 Abu Dhabi AL-ITTIHAD in Arabic 4 Jun 82 p 2]

CSO: 5400/4725

ZAIRIANS' INFLUX CAUSES CHOLERA CONTROL PROBLEMS FOR COMMITTEES

Lusaka TIMES OF ZAMBIA in English 4 Jun 82 p 2

[Text] **THE Luapula Province cholera surveillance committee has encountered problems in its control of the spread of cholera because of the influx of Zaireans, provincial political secretary Mr Stephen Sikombe said in Mansa yesterday.**

Mr Sikombe said efforts by the team of health officers to bring the situation under control were hampered by the free movement of people along the border with Zaire.

Although there had been no new cases reported since the recent outbreak in which seven people died at Chipungu in Nchelenge district, there was a possibility of a re-currence because of lack of immigration control between Luapula Province and the Shaba province in Zaire.

Villagers on the Zambian side were getting immunisation doses from health officers but their counterparts on the Zairean side had no such facilities and this hampered the fight against the disease.

The Ministry of Health has sent more staff and drugs to Nchelenge district.

Minister of State for Health Mr John Mwondela said in Lusaka yesterday the situation in the area was now under control because of the presence of permanent surveillance team which had been reinforced by more staff from Lusaka.

CSO: 5400/5635

BRIEFS

NEW CURE FOR SHEEP DISEASE--Scientists of prarasitology at the National Research Centre have discovered a new line of treatment for sheep affected with parasitic worms known as nematodes. These worms live in the intestine of sheep, causing acute inflammation in the lining cells of the intestine, thus affecting the food absorption. More than 30 precent of the sheep in Egypt die because of chroninc anaemia resulting from this malady, centre officials said. The new line of treatment was succeeded in killing the parasitic worms in more than 90 percent of treated sheep, the officials said yesterday. [Cairo THE EGYPTIAN GAZETTE in English 10 Jun 82 p 2]

CSO: 5400/5017

GOVERNMENT SUPPORTS TB, BRUCELLOSIS ERADICATION

Budapest MAGYAR MEZOGAZDASAG in Hungarian No 18, 5 May 82 p 19

[Article by Dr Gyorgy Dudas; Ministry of Agriculture and Food, Administration of Legal Affairs Main Department]

[Text] The new, legally binding decree on animal health, and the executive ordinance issued by the Minister of Agriculture and Food (MEM) appeared in April of last year and came into force on 1 Jan 1982.

Guided by the high level regulations, a thorough review and modernization of animal health regulations was undertaken. As a result of this work, MEM ordinance No 29/1981 (30 Dec) was also issued dealing with state support for the eradication of tb and brucellosis in cattle stocks.

Last year, eradication of tb from the entire cattle stock of the country was successfully completed. In addition to the devoted work and material contribution by individual and large-scale animal keepers, this is also due to a considerable extent to the allocated state support. By successfully completing this task, considerable sums were freed which ensure the material support for reaching another goal, the eradication of brucellosis. Of course, the eventuality of a new, local reappearance of tb can not be excluded. Therefore, the new provision of law makes possible support against both diseases.

Personal and Material Conditions of Support

The legal provision ties support to a number of conditions.

In the case of large agricultural establishments (agricultural cooperatives, branch cooperatives, state farms, farm associations), the primary condition is to isolate cattle infected by such diseases from the healthy stock. In the case of individual animal keepers, the primary condition is that the cattle stock of all large-scale agricultural farms belonging to the village or town must already be free of tb and brucellosis.

In defining the personal and material conditions of eradication, the legal provision also contains regulations on which the state support of pronouncedly large farms is based. Namely, those working on disease-free farms or on farms slated for disease eradication--depending on their work assignment--must have the knowledge necessary to maintain disease-free conditions, to recognize brucellosis, to prevent its spreading and also to protect healthy animals from infection. Direction is the task of the farm veterinary. In addition to the former tasks, it is very important to continuously observe the animals and this activity is assigned to a caretaker in every stable.

The material conditions of state supported eradication were also defined as follows:

a) on enclosed farms surrounded by permanent fencing, disinfection must be provided for people and vehicles;

b) an isolated delivery stable and stable for diseased animals is indispensable. From these, return to the cow stables can be made only after disinfection and permission of the attending veterinary;

c) calf raising stables with air space separated from the cow stables must be established and they must be supplied with a professionally run milk kitchen equipped with installation for boiling the milk;

d) artificial insemination must be used exclusively;

e) immediately after their birth, the calves must be raised on bottle alone, without nursing;

f) growing heifers and bulls must be raised isolated from the adult stock;

g) protective clothing must be worn at all times on the farms and leaving the farms in protective clothing is forbidden;

h) work clothes and the instruments most needed for performing the tasks must be supplied, separately by each farm, to the veterinary and to other animal health specialists.

Of primary importance for the goal of preventing reinfection is the regulation that individuals having tb or suspected of having tb can not work on cattle raising farms, and persons working or regularly visiting there must have negative tb records.

Petition Concerning Eradication

An additional condition for the state support for eradication is that large-scale agricultural establishments and individual owners of animals must also contribute their own material equipment to eradication. Also, the cattle must be individually marked and, based on it, a continuous animal health record must be kept.

A primary goal is the maintenance of tb-free conditions and the eradication of brucellosis on gradually expanding contiguous areas. Thereby, large-scale cattle establishments consisting of several farms can undertake eradication by individual farms, one at a time.

Petitions for eradication from large-scale agricultural establishments and from individual cattle owners--together with the eradication plan--must be submitted to the Megye or Capital City animal health stations. Permission for eradication, based on recommendation by the station, is granted by the Ministry of Agriculture and Food, also taking into account the extent of contribution by the large-scale agricultural establishments themselves. For public health reasons, and to maintain freedom from tb or to establish a larger brucellosis-free area, the Ministry can order compulsory eradication on certain large-scale farms and in villages.

How is evaluation of the stock carried out?

1) Evaluation of large-scale cattle stocks on the basis of their infection with brucellosis is done by the stations. In preparation for the evaluation, it must be examined whether there was any incidence of clinically manifested brucellosis within the stock during the previous two years; in its absence, as a result of simultaneous serological testing of all mature animals, the stock must be classified in the following groups:

The stock is classified "A" if

a) clinical manifestation of brucellosis did not occur for two years;

b) injection with B19 vaccine was not done at all or only at age 2-4 months of the cattle;

c) serological testing of the blood of mature animals is negative, or positive in no more than 1 percent of the animals but these animals were immediately removed and their stall was vigorously disinfected;

d) in the case of abortion or retention of the placenta, laboratory tests excluded the role of brucellosis;

e) it is free of tb;

f) restocking was made from their own stock or from stock classified "A".

In heifer stocks, if the serological tests carried out at the time of maturity are negative, pregnant heifers coming from these stocks are classified "A".

The stock is classified "B" if

a) although no clinical signs of brucellosis occurred within the past two years, but the screening serological tests revealed infection;

b) a rate of calf increase below the average Megye value is certified by the artificial insemination main station or by the animal health institute performing the tests as not having been caused by brucellosis.

The stock is classified "C" whenever acute brucellosis was diagnosed within the past two years.

2) The cattle stock of individual farmers is evaluated by the official veterinary, the stock of villages and cities is evaluated by the station according to the following criteria:

a) in the case of abortions, test samples must be sent to the animal health institute in charge and, at the same time, blood samples from every mature cattle kept in the yard must also be sent to the institute;

b) when mature animals are sold or in the case of interventional purchase of calves, serological testing must be carried out on all cattle older than 4 months kept in the yard;

c) the veterinary official at the place of origin of the animal must certify that the cattle transported for further keeping in the village comes from a brucellosis-free environment and that the serological tests performed no earlier than within 30 days before transportation gave favorable results.

Stocks of individual animal keepers and village cattle stocks owned by various individuals can be certified free of brucellosis if the results of the above examinations are routinely favorable. Given to the individual animal owners, certificates of brucellosis-free animals are valid until revoked.

Depending on the epidemiological situation, the station may also order the serological testing of cattle in the entire Megye or of cattle in the ownership of individual animal keepers in designated areas of the Megye. In this case, approval must be obtained from the Ministry.

2473
CSO: 5400/3006

BRIEFS

WARNING ON STRAY DOGS--An appeal has been made to the general public to report, any menace of stray dogs in their premises. The appeal was made by the Permanent Secretary in the Kano State Ministry of Agriculture and Natural Resources, Alhaji Datti Ahmed, at the launching ceremony of the National Antirabies campaign at the Kundila Vetrinary Clinic. He urged people bitten by dogs to report immediately to the nearest hospital for treatment and the dogs to be taken to a veterinary clinic for examination. He observed that similar campaigns were embarked upon some years back to control and eradicate major livestock diseases. The permanent secretary said the campaign was pursued with vigour to ensure strict control of movement of cattle and massive vaccination. He announced that for the past fifteen years the state had not witnessed any outbreak of rinderpest. He then appealed to the Federal Government to provide more facilities to the livestock inspection stations on our borders for the proper control of livestock movements to check migration of affected cattle into the country. Alhaji Datti assured that the governmet would intensify efforts to control the disease in the state, adding that anti-rabies in the state was made available at veterinary clinics. The permanent secretary also reminded the general public of the laws governing the keeping and handling of pets [Adekunle Oyebanji] [Text] [Kaduna NEW NIGERIAN in English 24 May 82 p 1]

CSO: 5400/5620

BRIEFS

FOOT-AND-MOUTH QUARANTINE--SHINYANGA--The entire area of Ibadakuli, Chamaguha and Chibe wards in Shinyanga District has been placed under quarantine following an outbreak of mouth and foot and a livestock skin disease. The Shinyanga Livestock Officer, Ndugu S. Nahimana, has said that no cows, goats, pigs, or sheep were allowed in or out of this area. Skins and other animal products have also been placed under quarantine. [Text] [Dar es Salaam DAILY NEWS in English 7 Jun 82 p 3]

CSO: 5400/5629

CAMPAIGN ON RABIES LAUNCHED IN KAMPALA

Dampaign on Dogs

Kampala UGANDA TIMES in English 17 May 82 p 3

[Excerpts] A rabbies vaccination campaign starts in and around Kampala today. All dog owners are advised to take their dogs to the nearest vaccination for treatment.

According to a document signed by the acting Veterinary Officer, Kampala, Dr B. A. K. Businge Rusoke, the daily exercise will normally start at 9.00 a.m.

The exercise starts today with Mulago, near the Catholic church, Kamwokya, Kololo Airstrip and Naguru, near the club. The vaccinating team will move from place to place at given times.

The programme ends on June 4 at Kajansi Dispensary.

The treatment will be free of charge.

All field staff in the district have been asked to report to the office of the District Veterinary Officer this morning.

Animals To Be Impounded

Kampala UGANDA TIMES in English 22 May 82 p 3

[Text] People who keep and graze their animals in the city have been warned by the office of the Town Clerk to stop it. Otherwise they will have their animals impounded.

The City Council Public Relations Officer, Mr James Mutabazi, said, the grazing of animals in the city was unlawful. The warning affects all those who live within the city boundaries.

The warning came at a recent monthly Council meeting. The Council noted that there were a number of animals roaming in the city. It pledged that more efforts would be made by the law enforcement officers to impound animals found roaming in the city.

Mr Mutabazi said the Council was concerned about the traffic hazards caused by such animals. Some people stayed with their animals even in flats, causing a lot of damage to the flats.

There were also people who lived with animals in the same houses, and this presented health problems to human beings.

This was not the first warning, he asserted. He hoped that this time many would respond positively.

Appeal to Owners

Kampala UGANDA TIMES in English 24 May 82 p 3

[Text] Dog owners in Kampala District have been called upon to respond to the campaign against rabbies in order to make it a success. The appeal was made by the acting District Veterinary Officer, Dr Businge-Rusoke.

The campaign, which started on May 17, is to end on June 4.

The Commissioner of Veterinary, says from May 14 all dogs must be tied and this order also authorises anybody to destroy any stray dog within the district.

This order will operate until further notice.

Rabies is a killer disease, said Dr Rusoke. It is transmitted by way of bites by the affected animal.

He asked people to cooperate and bring their dogs for the exercise so that the disease is controlled.

He said the disease was prevalent in many parts of Uganda.

Recently, many people have been reported as having died of it. This campaign, he said, was a free service to the public offered by the Veterinary Department.

The department has been giving vaccinations every year but people have not been responding well, the official said.

People who missed the exercise in their areas have been advised to take their dogs to clinics at Wandegeya or Makerere.

Dr Rusoke noted that there were many stray dogs in the district. These were left uncared for after the liberation war. This had made it difficult for the department to take census of dogs. And these presented problems of controlling rabies.

He added: "All stray dogs will be destroyed."

CSO: 5400/5620

BRIEFS

CORRIDOR DISEASE DEATHS--More than 100 head of cattle have died in the last few days in Chief Mapanza's area in Choma following the outbreak of corridor disease. This was revealed yesterday by Mbabala Member of Parliament Mr Edward Nyanga who is on a two-week tour of his constituency. The killer disease had mostly affected Kachenje, Makonka, Mung'unza and Chanzangwe areas where cattle were said to be dying everyday. Mr Nyanga, who appealed to the veterinary and tsetse control department to send officers there to control the situation said the disease originated from Monze because the two districts share boundaries and livestock mix during grazing. But senior livestock officer Mr Isaac Mwenya said Monze district had lost more cattle. He said that a team of veterinary officers would be despatched to the area. [Text] [Lusaka TIMES OF ZAMBIA in English 5 Jun 82 p 5]

OUTBREAK OF FOOT-AND-MOUTH--Meanwhile, about 800 cattle belonging to the Cold Storage Board of Zambia (CSBZ) put in quarantine since last month will remain in restriction for another six weeks following a fresh outbreak of the foot-and-mouth disease in Choma. A spokesman for the minister of Agriculture and Water Development said in Lusaka that the disease had affected some of the herds which had not been vaccinated earlier because of lack of vaccines. The spokesman was optimistic the disease would be brought under control soon. The animals which were destined for Livingstone for slaughter were put in restriction in accordance with a ban on livestock movement in the Southern Province because of the presence of the disease. [Excerpt] [Lusaka TIMES OF ZAMBIA in English 5 Jun 82 p 5]

CSO: 5400/5634

PRESENCE OF ANTHRAX THROUGHOUT COUNTRY AFFIRMED

Harare THE HERALD in English 3 Jun 82 pp 1, 3

[Article by Chemist Mafuba]

[Excerpts] **IT is now inevitable that "Operation Cattle Rescue" will fall "far short" of its intended capacity because of the poor response at communal pen sales, says the chairman of the Cattle Producers' Association, Mr Keith Harvey.**

Presenting his report to the CPA Congress, Mr Harvey said it had been anticipated that some 30 000 to 40 000 head would have to be processed monthly, with a total take-off in excess of 200 000.

"So far this year the Cold Storage Commission has bought less than 38 000, even though their buyers have been prepared to take all classes of stock, includin rejects," he told the del gates.

"It is now inevitable that the rescue exercise will fall far short of its planned capacity, even if the communal stock owners reverse their present resistance to the sales.

"It is, unfortunately, also equally inevitable that before the onset of the next rainy season thousands of their cattle will be dead."

The congress was told that the Veterinary Services Department was functioning satisfactorily in most areas by the department's acting director, Dr Bob McKenzie.

Two-hundred dip tanks out of a total 1 700 were not operating.

Contractors had completed six new dip tanks and 10 more were under construction, while a further 100 would be built between July this year and June next.

"In some areas cattle owners have willingly supplied their labour and the department has supplied materials to reconstruct tanks which were not functional," he said.

It was anticipated that the dipping service would become more efficient, and tick-borne diseases would be adequately controlled, provided the necessary equipment and staff were made available.

A new system of persuading farmers to appreciate the value of disease control had been introduced.

While outbreaks of foot-and-mouth disease had been brought under control, Dr McKenzie warned that vigilance was needed as there could be no guarantee of separation between cattle and the game animals which carried the disease.

Funds were being made available by the European Economic Community to launch a vaccination campaign. The programme brought EEC approval for beef exports to community countries.

Dr McKenzie said a Government official was in Brussels talking to EEC representatives on the matter.

Regrettably, he said, numerous human deaths caused by anthrax had been reported in addition to hundreds of cases detected early enough to respond to treatment.

"It must now be accepted that anthrax is present throughout the country," he said. "A continuing threat, especially to cattle, will exist for many years."

Fortunately for Zimbabwe, an effective vaccine against the disease was available.

"Every stock owner is advised to ensure that his cattle are vaccinated every nine months to protect them against this disease."

Twenty-seven people died this year of rabies, the highest recorded in any one year, he said.

Last year 265 600 dogs were vaccinated, but this was considerably below the annual average of 330 000 dogs vaccinated between 1970 and 1975.

"It is to be hoped that with an improvement in the security situation the department will be able to obtain satisfactory nationwide vaccination cover in the dog population," he said.

On tsetse fly and trypanosomiasis control, he said this year priority would be given to the "serious situation" in

Gokwe where flies from the Chirisa Safari Area are threatening to re-invade southwards into the Lupane District, and eastwards into the Copper Quee · and Chenjiri small-scale commercial farming areas.

At the same time the Urungwe communal area, Vuti and Karoi farming areas would be protected by a band of ground-spraying staff.

Spraying teams in the Chipuriro District would tackle the invasion through the drainage system by flies which is now threatening the Umvukwes and Raffingora farming areas.

CSO: 5400/5619

BRIEFS

COFFEE RUST REPORTED--Vice Minister of Agriculture and Food Luis Humberto Figueroa Munoz, has announced that 90 percent of the nation's coffee plantations have been more or less affected by coffee rust. He said that up to now the effects of the fungus have not been felt but it has spread over the entire Guatemalan coffee area. For this reason permanent steps are being taken in the affected areas by a joint commission consisting of Guatemalan and Mexican experts. The ministry, the National Coffee Association [ANACAFE] and the coffee growers themselves are cooperating in this activity. He added that to counteract the effects of the disease, modern technology must be applied to Guatemalan coffee production so as to increase its income, and it will be necessary to invest in better equipment in order to eradicate the rust. [Text] [Guatemala PRENSA LIBRE in Spanish 29 Apr 82 p 12] 9204

CSO: 5400/2162

APHID INFESTATION POTENTIAL THREAT TO LUCERNE CROP

Fields Sprayed

Auckland NEW ZEALAND HERALD in English 8 May 82 p 2

[Text] The dangerous spotted alfalfa aphid, regarded as virtually the "foot and mouth" of the lucerne world, has now been found on 11 farms between Helensville and Huntly.

Scientists have sprayed about 70 hectares of lucerne on these properties and believe they have killed every aphid.

But they will not know whether the pest has been contained until the spring when conditions are more favourable for its spread.

Meanwhile they will be keeping a watch over the winter.

A leading entomologist, Mr P. S. Dale, who is in charge of the plant health diagnostic centre at Mt Albert, said yesterday that over the next few months scientists would be monitoring the farms where the aphid had been found and lucerne stands elsewhere.

"But unless there is some further development," he said, "we do not expect to be carrying out any further extensive search until the spring."

Extensive surveys have been completed in both the North Island and the South Island to trace a pest which is a potentially dangerous threat to a valuable New Zealand feed crop — 150,000 hectares of lucerne.

New Zealand has had another pest, the blue-green aphid, for years but so far the more serious spotted variety has not been found outside the Auckland province.

The spotted aphid, which is minute, sucks plant juices and injects a toxin. It can kill young plants and caused havoc in Australian lucerne crops in 1977.

The pest was found on seven Auckland farms last month and a further search located it on a further four.

Danger Minimized

Christchurch PRESS in English 14 May 82 p 17

[Excerpts] The announcement of the arrival of the spotted alfalfa aphid in 12 lucerne crops from Helensville to Huntly does not particularly concern D.S.I.R. lucerne breeder, Dr Michael Dunbier.

"Although it is the most serious aphid pest of lucerne," said Dr Dunbier, "if we look at it in terms of the overseas experience, it is unlikely to be as severe a pest here as it has been in Australia.

"There are three major reasons why the pest is unlikely to be of major economic significance in New Zealand," said Dr Dunbier.

"First, our climate is quite different from that in the South Western and Great Plains states of the United States or South Eastern Australia where the pest caused problems. We have much cooler summer temperatures more akin to the northern states of America where the aphid is not a problem.

"Second, all but two of our cultivars are resistant to the aphid.

"Finally, we have known since 1977 that the pest's arrival was imminent and the D.S.I.R. has been actively breeding for resistant cultivars using germplasm from the United States and the testing facilities offered to us by Australian partners."

Now all the lucerne cultivars on the New Zealand market except "Saranac" and "Wairau" are resistant to the spotted aphid.

"However, a word of warning must be sounded to farmers as only 15 to 20 per cent of the national area is in these new resistant varieties," said Dr Dunbier.

If, in the unlikely event that the pest does establish itself in New Zealand, researchers are well prepared to assist farmers with control measures. Chemical control is available and biological control by a small wasp is possible. This aspect is currently being investigated by the Entomology Division of D.S.I.R.

CSO: 5400/9086

BRIEFS

PEST, CROP DISEASE--According to the general survey station for crop diseases and pests under the Ministry of Agriculture, Animal Husbandry and Fishery, due to unfavorable weather conditions in various localities, cotton aphids have been reported in Hubei, Jiangsu, Anhui, Shaanxi, Shanxi, Henan, Shandong and Hebei provinces since last May. Hubei and Shaanxi are most seriously hit. Besides, rice blast has become prevalent in Fujian, Guangdong, Guangxi, Hunan, Jiangxi and Zhejiang provinces. The station called on various provinces to pay good attention to field inspection in order to prevent crop diseases in June. [OW271247 Beijing Domestic Service in Mandarin 1000 GMT 26 May 82 OW]

CSO: 4007/429

SEMINAR DELEGATES WARN OF IMMINENT SPREAD OF GRAIN BORER

Dar es Salaam DAILY NEWS in English 8 Jun 82 p 3

[Article by Brown Lenga]

[Text] **THE seminar on the control of the Great Grain Borer locally known *Scania*, being held here, has warned of an imminent spread of the pest to more regions in the country if urgent measures are not taken.**

After five days of discussions at Nzega, delegates from all over Tanzania advised the Government to declare the out-break of *Scania*, one of the nation's enemies and launch a country-wide campaign to educate the peasants on the best methods of combating the pest.

The Seminar observed that the pest might have been imported into the country after decentralisation in 1972 due to laxity on imported cereals which were brought in without proper inspection.

The seminar which also baptised the pest *duduzi*" (prostephanus tranctus) instead of *Scania* a word which participants said had no meaning to many Tanzanians, urged the mass media to lead in the campaign.

"Duduzi" is a Tabora local word for any pest that attacks stored crop.

In a twelve-point resolution, the seminar, whose delegates were mostly farm and crop experts from all over Tanzania, insisted that if the Government did not launch a nation-wide campaign to eradicate the pest, there was a danger that the pest would do more damage to stored crops in the affected five Mainland regions.

The affected regions are Tabora, Morogoro, Mwanza, Shinyanga and Rukwa.

The seminar directed the Ministry of Agriculture to review the structure of its Produce Inspectorate Services (PIS).

The seminar, therefore, advised the Government to strengthen and improve the PIS as one of the urgent measures against introduction of similar crop damaging pests.

The Government was advised to approach neighbouring African countries so as to devise a joint programme of combating and controling the spread of *duduzi*.

The seminar warned that should any of the neighbouring governments ignore this call, they should not blame Tanzania if the pest spread beyond its borders.

The five-day seminar, began on May 31.

CSO: 5400/5628

BRIEFS

HAIPHONG HARMFUL INSECTS--About 6,500 hectares of 5th-month spring rice in Haiphong Municipality have been ravaged by harmful insects, mostly rice blast bug and brown leafhopper. The municipal agricultural office has assigned cadres to various coastal areas to eliminate the harmful insects while the water conservancy sector is supplying water to drought stricken areas to save ricefields from dying. [Hanoi Domestic Service in Vietnamese 2300 GMT 18 May 82]

CSO: 5400/5631

FAO ANNOUNCES NEW MEASURES TO BAR GRAIN BORER'S FROM TANZANIA

Lusaka TIMES OF ZAMBIA in English 3 Jun 82 p 2

[Text] GRAIN entering Zambia from Tanzania must be thoroughly checked at the border with immediate effect to detect the greater grain borer.

And if the commodities, which include maize, groundnuts, dried cassava roots and paddy rice, are found to have the pest they should be treated or preferably rejected outright.

The warning was issued in Lusaka yesterday by the Food and Agriculture Organisation (FAO) when it announced new drastic measures to prevent the pest from spreading into Zambia from Tanzania.

It was reported from Dar es Salaam last month that the vermin which had already caused losses to farmers in five regions in Tanzania might soon spread to Zambia as officials reported that the Latin American native grain eater was now in Rukwa region bordering Zambia.

Tanzania agricultural officials said Rukwa's Mpanda district was the latest area to be infested by the borer which is locally nicknamed "Scania."

They held a meeting with FAO experts on measures to fight the pest which was first reported in Tabora. It had since infested Mwanza, Shinyanga, Morogoro and now Rukwa.

FAO representative in Zambia Mr Hackman Owusu-Agyemang said last week he was not aware the borer was a threat to Zambia and promised to verify the reports with FAO headquarters in Rome.

When contacted yesterday, Mr Owusu Agyemang said he had received a reply and that the UN agency had informed the Zambian Government as far back as October 21 last year through the Ministry of Agriculture and Water Development of the outbreak of the grain borer in Tanzania.

He said Tanzania had not been able to determine precisely the extent of the pest outbreak and FAO would send two consultants there soon to investigate the problem and recommend control measures.

It is suggested that produce such as maize, groundnuts, paddy rice and dried cassava roots imported from Tanzania should be inspected at the Zambian border.

CSO: 5400/5636

END

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14 July 1982

Worldwide Report

EPIDEMIOLOGY

No. 286

FBIS FOREIGN BROADCAST INFORMATION SERVICE

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14 July 1982

WORLDWIDE REPORT

EPIDEMIOLOGY

No. 286

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AUSTRALIA

HEALTH CARE CRISIS HITS DARWIN, NT AS FUNDS RUN OUT

Canberra THE AUSTRALIAN in English 10 May 82 p 3

[Article by Nicholas Rothwell]

[Text] THE only fully-equipped modern hospital serving the largest towns of the Northern Territory, Darwin Hospital, is threatened with immediate closure and has already begun standing down staff because of delays by the Federal Government in providing funds.

The hospital, which is the hub of medical care for the entire northern belt of Australia, employs more than 1000 doctors, nurses and other professionals — more than one-third of the total staff of the Northern Territory Health Department.

But the Territory Government's health budget is already exhausted, with almost two months to run before the start of the new financial year, and all payments to the staff of the hospital have been cut indefinitely.

The Northern Territory is now facing a health care crisis, since it has been forced to stop all checks on Aboriginal health among tribes ravaged by the crippling eye disease, trachoma — also because of a shortage of Federal Government funds.

The Territory's Minister for Health, Mr Tuxworth, yesterday told *The Australian* that part of the blame should be shouldered by the health funds operating in the Territory, which had been slow to repay medical expenses to the hospital.

The health funds are widely believed by Northern Territory Health Department planners to be unnecessarily slow in the turn-around time for their claims, and the department has been forced to stop many other health care services in remote regions to help meet the payroll at the Darwin central hospital.

At present, Darwin Hospital is owed more than $750,000 by the funds — more than enough to keep the hospital going until the new financial year.

"The health funds are acting within the letter of the law, which gives them up to two months to pay their claims, but I question their morality — it is jeopardising the hospital," Mr Tuxworth said.

The hospital's workers are paid fortnightly, and will receive no more money for the rest of the financial year. Already scores of staff have been sent temporary stand-down letters, with more likely to follow unless some solution to the crisis is found.

The welfare of more than 300 patients in the hospital's beds is at stake because of the funding shortage.

CSO: 5400/7559

BRIEFS

DENGUE EPIDEMIC--Belmopan, 16 Jun (ACAN-EFE)--According to health authorities, 200 cases of dengue have been discovered during the last few days in Belize city. Health authorites have sent volunteer brigades to train the people to detect the symptoms of the disease and to eliminate the breeding grounds of aedes aegypti, the mosquito which spreads dengue fever. [PA210144 Panama City ACAN in Spanish 2309 GMT 16 Jun 82]

CSO: 5400/2175

MALARIA EPIDEMIC IN NORTHERN GOIAS SAID UNDER CONTROL

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 9 Jun 82 p 12

[Text] The Health Ministry registered 1,050 malaria cases in northern Goias in the region around Araguatins and Sao Sebastiao municipios. Of this total, 8 people have died and 32, including 8 children, are under intensive care, but the epidemic is now under control. The information came yesterday from Health Minister Waldyre Arcoverde, on his return from a tour of inspection in the areas attacked by malaria, which is normally limited to 450 cases in that area.

According to Arcoverde, the largest number of patients--30--are concentrated in Buriti district, Araguatins Municipio, not because it is the area with the greatest incidence of the disease but because the whole infrastructure for treatment of patients brought in from the jungle is established in this district. The minister reported that 15 care tents have been set up. While Arcoverde acknowledged that the treatment offered was not ideal, he said the best service possible was being provided for the region, in a joint operation of SUCAM [Superintendency for Public Health Campaigns], the SESP Foundation [Special Public Health Service] and the state government of Goias. The minister added that the two most serious cases are being treated in Mulato District, Sao Sebastiao Municipio.

Arcoverde assured that by the end of the week SUCAM expects to have 100 people (it now has 58) treating dwellings with DDT and that within a month, at most, the region will have total coverage in terms of assistance. According to the minister, the malaria epidemic was more intense this yaer because of the "unusual winter weather." The various periods of severe rains and droughts had resulted in several cycles of the transmitting mosquito. These cycles normally occur only once following the rainy season. The epidemic was confirmed in early May, when SUCAM and the SESP Foundation collected and examined about 2,300 blood samples.

6362
CSO: 5400/2172

CONTROL OF POLIO REDUCES INAMPS EXPENSES

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 5 Jun 82 p 13

> [Text] The sharp drop in polio cases in the country after the second year of mass vaccination, begun in 1979 by the Health Ministry, has enabled INAMPS [National Institute for Social Security Medical Assistance] to save almost half the amount previously spent on treatment of the effects of the disease. It is estimated that, in 1980 and 1981 alone, Social Security saved more than 2 million cruzeiros on medicines and rehabilitation of children afflicted with infantile paralysis.

The information comes from Luiz Felipe Moreira Lima, INAMPS physician in Brasilia, who compared INAMPS expenditures on polio treatment with the cost of the vaccination campaigns. He concluded that total costs have been dropping sharply since 1980. In 1979 the Health Ministry spent more than 150 million cruzeiros on polio vaccines, while INAMPS spent 500 million cruzeiros on treatment. In 1980, 430 million cruzeiros were spent on vaccines and 365 million cruzeiros on treatment. In 1981, 365 million cruzeiros went for vaccines and 233 million cruzeiros for treatment. This year, 440 million cruzeiros will be used to purchase 83 million units of vaccine, and the cost of treatment will remain below 150 million, i.e., the amount spent on vaccines in 1979. This confirms the advantages of mass vaccination, the physician said.

According to Health Ministry statistics, the number of polio cases decreased from 2,541 in 1979 to 120 in 1981, so it can be said that the disease is virtually under control in the country. However, although 83 percent of those who contracted the disease were saved, they were left with its effects, and not all of them are receiving adequate treatment in the rehabilitation centers maintained by Social Security.

According to Luis Filipe the Social Security trend is to spend more and more on illnesses, a situation that could easily be turned around, as in the example of polio, if the government were willing to use vaccination programs and programs of other types to control the various contagious diseases, such as malaria, Chagas disease and schistosomiasis, which even today are affecting thousands of people, incapacitating them for employment.

The physician also claimed that INAMPS savings with the drop in treatment of polio victims after the mass vaccination campaigns have been thrown down the 'sewer hole' of medical assistance, including sophisticated and unnecessary treatment, the purpose of which is to enrich those who make money on illness in this country." He made an appeal: let the resources INAMPS no longer spends on polio be transferred to the Health Ministry to strengthen its vaccination programs.

Campaign

Health Minister Waldyr Arcoverde reported yesterday in Sao Paulo that the government has completed distribution of 36 million doses of Sabin vaccine for this year's national polio vaccination campaign. For the first phase, next Saturday, 13 June, some 450 persons have been mobilized to innoculate about 19 million children from birth to 4 years of age, the same number as last year.

According to Arcoverde, the last two campaigns practically eradicated the disease in the country and only one case was reported in the first months of this year. He noted the need to repeat the vaccination in children who have already been immunized, assuring that "there are enough doses for this purpose." He also noted the government's "very happy" idea of using Brazil's star soccer players to publicize the vaccination campaign. The minister said he was in Sao Paulo on "personal business" and should return to Brasilia early today.

In addition to announcements through the media, the Health Ministry is distributing leaflets announcing the national polio vaccination day. "Your child must kick out against infantile paralysis. Offense is the best defense," says the leaflet, with an illustration of several children playing soccer.

In the Federal District, Health Secretariat statistics confirm the effectiveness of vaccination: 15 polio cases were reported in 1980, as against only 3 in 1981, and these 3 cases were in children who had not been vaccinated, according to Secretary Jofram Frejat. Last year the Federal District Secretariat vaccinated 98 percent of the children up to 4 years of age,and this year to date, not a single case of infantile paralysis has been reported or suspected in the capital. Frejat urged all the people to take their children to the vaccination stations on 12 June.

6362
CSO: 5400/2172

REPORT DISCUSSES TB PREVENTION, TREATMENT COSTS, OTHER DATA

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 6 Jun 82 p 38

[Excerpts] Expenditures

The ministries of Health and Social Security will spend 2.5 billion cruzeiros this year just on medicines for prevention and treatment of tuberculosis, while INAMPS [National Institute for Social Security Medical Assistance] should spend 5.4 billion cruzeiros throughout 1982 for treatment in the private system. It is estimated that 35 million people in Brazil today are infected with the Koch bacillus, with an average of 100,000 new cases per year and a prevalence of 200,000 patients. Although the health statistics are still a long way from what is needed to design good prevention programs, a summary evaluation of tuberculosis in Brazil by the Health Ministry shows that 5 million children, or 72 percent of the annual average, were vaccinated against the disease last year. This vaccination and the programs for early diagnosis and treatment are being conducted by 4,617 health units. There are 4,090 posts conducting diagnoses alone, and 3,440 posts treating tuberculosis, providing coverage for 85 percent of the population, according to the technicians.

According to the same status report, a record number of tuberculosis cases were registered in 1981: 85,136 cases, as against 71,000 cases in 1980. The specialists say this occurred because the health programs are not adequate, despite the care offered by the health posts and centers, and since the disease occurs more in low income groups are a result of poor living conditions and lack of proper nutrition, it is an indication that the standard of living is declining more and more.

The report also indicates that 197 cases of tubercular meningitis in children under 4 years of age were registered in 1981, 23.6 percent of the expected number. This means that the BCG vaccine, the effectiveness of which is being debated again throughout the world, is working in young children. Although BCG is still officially recommended by the Health Ministry because the country has no other vaccine or prevention method, BCG could soon be replaced by more effective drugs, according to studies sponsored by the WHO.

Last year 16,229 tuberculosis patients were hospitalized, or 10 percent of the new cases reported, and 10,071 people returned for treatment.

Regarding the results of the treatments, specialists in health pneumology conducted a survey in 11 capitals, studying 6,183 tuberculosis cases. According to their findings, the cure rate was 77.4 percent, and 13 percent discontinued treatment. According to Health Minister Waldyr Arcoverde, there has been an improvement in the cure rate for tuberculosis in recent years since the patient cure rate has been a "good average" of 30 percent. In the interior, the area of activity of the FSESP [Special Public Health Service Foundation], of 830 patients surveyed, 86.4 percent were cured and 3.7 percent discontinued treatment. The death rate in the capitals was 0.9 percent.

6362
CSO: 5400/2172

BRIEFS

HEPATITIS EPIDEMIC HIGH IN ANDRADINA--Aracatuba--Although physicians have not reported the number of people infected with hepatitis, nurses and pharmacists in Andradina admit they are concerned about the large number of hepatitis cases confirmed in that city in recent months. They believe there is some problem with the local water supply. Pharmacist Joao Miguel, one of the oldest in the city, report that "a relatively large number of people are showing up at the pharmacy with hepatitis, mainly children from the outskirts of the city." He added: "I don't believe the infection is due to hypodermic injections, but the improper use of materials in the home, such as vegetables that are poorly washed or washed in contaminated water." In Andradina, hundreds of families still use water from wells dug at the rear of the farmhouse, without maintaining the required distance from the cess pool. Meanwhile, in Santa Casa, Dr Carlos Guedes says it is impossible to provide information on the number of people being treated for hepatitis, although several nurses said that about 30 cases were reported a few days ago. At the Andrade Guttierez construction firm, responsible for building the Tres Irmaos dam, a physician was surprised to verify the fifth case of hepatitis among the workers within the last few days. [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 5 Jun 82 p 13] 6362

CSO: 5400/2172

ANTI-VENEREAL DISEASE CENTERS

Bogota EL TIEMPO in Spanish 8 May 82 p 16-A

[Article: "Bogota Needs a Vigorous Anti-Venereal Disease Campaign"]

[Text] The capital of the republic was counting on a decrease in the number of cases of venereal disease in its jurisdiction; but that was not exactly the situation. Registrations were going poorly, or not at all, and the people did not make use of a suitable place for treatment without increasing risks, said Secretary of Health Luis Villamizar Herrera at the opening of the country's first venereal disease center, established at an approximate cost of 5 million pesos.

The new center, created for the control of sexually transmissible diseases, located at No 22A-26, on highway 23, was opened Thursday by Mayor Hernando Duran Dusan, who introduced Villamizar Herrera as "one of the best executives of the department of health in the entire history of the city."

The equipment of the laboratory, where 150-300 persons are already being treated daily, cost 1.5 million, while the remodeling of the Samper Mendoza health center building cost 3.5 million pesos.

The district will be provided with a neighboring health center, the construction of which will be completed prior to the end of the present administration.

The capital will have five satellite venereal disease centers, located at Kennedy, in the south, at Lourdes, Servita, and another location still to be determined. The satellites will send their samples to the center when their equipment cannot adequately diagnose the samples.

Villamizar Herrera said that there was a great void in that regard in the city and emphasized that last year a new venereal disease was detected here that had not been identified in the country, "candiloma acriminada."

He reported that the predominant venereal diseases in Bogota are: lymphogranuloma, which appeared in 1969; inguinal granuloma, discovered in 1972; and syphilis and blennorrhagia, that date back to the time of the conquerors.

"Everything indicates," said the official, "that there is such an active range of venereal diseases that vigorous impetus and quick action are needed to combat them." He said that there is now an advantage because that problem will be completely understood in Bogota.

8255
CSO: 5400/2171

RESULTS OF VACCINATION PROGRAMS EXAMINED

Havana REVISTA CUBANA DE HIGIENE Y EPIDEMIOLOGIA in Spanish Oct-Dec 81 pp 378-386

[Article by Drs Leonardo J. Werthein* and Raul Riveron Corteguera**]

[Text] The establishment of a health services organization in Cuba, in the nature of a system, is a recent event, a product of the changes which occurred when the government was taken over by the socialist revolution.

The unification of all the services as part of the Ministry of Public Health [MSP] has put the advances of science within reach of the entire population and made it possible to use the funds in a rational manner, with well-defined objectives which are making it possible to offer care and prevention at no cost and with gradually increasing coverage.

Direct participation in the health sector by the organized masses, basically from the aspects of education and effective support for the various programs which narrow and strengthen service-community and doctor-patient relations have made the development of overall medicine a reality.

Through the National Health System, established in Cuba, the medical practice has been given a preventive-curative content, and various programs have been carried out as a result of an epidemiological analysis, and it has been ascertained that there are no health problems caused by diseases which are preventable through vaccines.

One of the basic elements in the analysis and true knowledge of the health problem is that of gradually increasing the coverage through qualified personnel who will assure the adequate collection of primary data.

In the report on the quality and coverage of vital statistics, prepared by Ruth Puffer in 1974, reference is made to efforts spent "to achieve total coverage and high quality in the vital statistics system."

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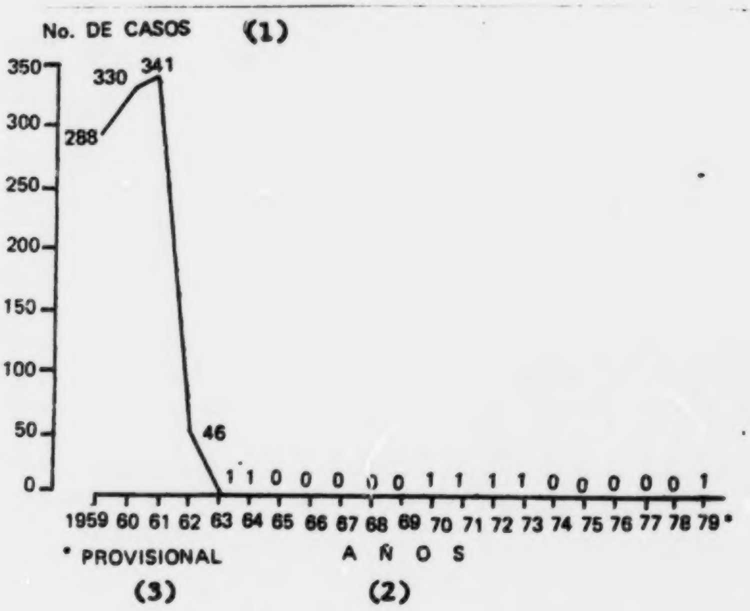
**Second-grade specialist in public health administration and organization and first-grade specialist in pediatrics subordinate to the MSP.

The system of notification of illnesses through mandatory declaration, its stability and coverage, permits us to assert that there is less than 1 percent of cases not reported where the diseases are covered by programs of vaccination and control.

Poliomyelitis

Given the endemic characteristics with which poliomyelitis appeared in our country, the epidemiological analysis of the frequency (outbreaks every 3 to 5 years and an annual average of 300 cases) was the basic element in the decision to conduct a massive antipoliomyelitis campaign (Graph 1).

Graph 1. Cases of Acute Poliomyelitis, Cuba 1959-1979



Key:

1. Number of cases
2. Years
3. Provisional

With the administration of the Sabin-Shumakov vaccine orally in the form of a caramel, the planned objective was achieved in that, during that year, only 46 cases were reported which were related to dates prior to the beginning of the campaign.

In 1960, there were 32 deaths, and in 1961, 26. Beginning in 1962, poliomyelitis disappeared as a cause of death in our country, even though seven deaths were reported that year.

From that time on, one case per year was reported for nonvaccinated children for 1963, 1964, 1970, 1971, 1972, 1973 and 1979.

Considering the extent of the coverage and the time it took to achieve that coverage, the following strategy was followed in obtaining success healthwise: In 1962 and 1963, the caramel vaccine was administered to every child 4 years old and under; in 1964 and 1965, the same was administered to children 6 years old and under; in 1966, it was again the 4-year-olds and under; in 1967, it was administered to children 3 years old and under; in 1968, it was again 4-year-olds and under; and from 1969 to-date, it has been 3 years old and under. In recent years, a booster dose has been administered to the 9-year-olds, based on the results of the annual serological survey which is made to determine the levels of antibodies in circulation and the ages of those who will need the next vaccination.

In these surveys we have observed that in the 9-year-old group there is a decline in the antibody, specifically in that of the polio virus type 11, and, for this reason, a dose of trivalent vaccine is administered.

We believe it important to stress, as an experience of high yield and effectiveness, the speed with which the vaccine is administered and the coverage obtained, since it now exceeds 95 percent of the total population in the various age groups.

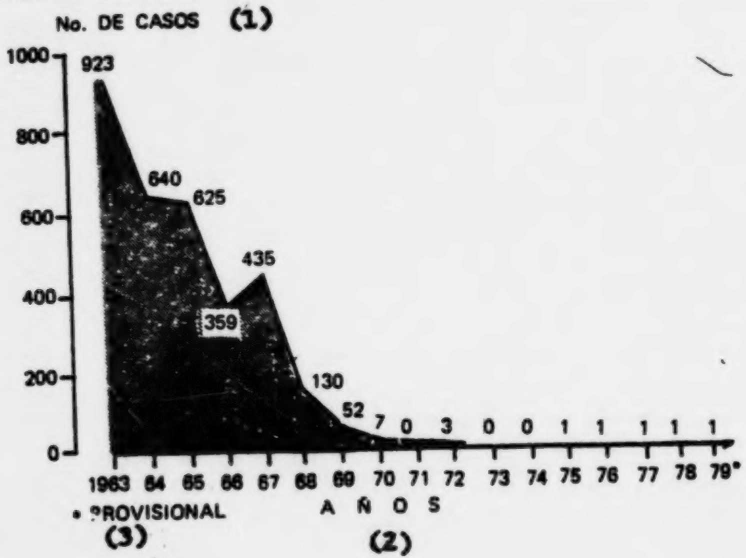
In view of these factors, which were pointed out as indicative at a seminar in Rio de Janeiro, and the failure in the control of poliomyelitis in certain countries despite the use of the same vaccine, we believe that emphasis should be placed on group selection and sufficient coverage.

In Cuba, medical coverage and direct participation by mass organizations--Committees for the Defense of the Revolution, Federation of Cuban Women and National Association of Small Farmers--with technical advice from the MSP, have guaranteed the successful administration of the vaccination program, and this means that the scourge of poliomyelitis has come to be a matter of history in Cuba.

Diphtheria

During the first few years of the 1960's, there was an increase in diptheria-related illness; by 1962, it had reached its maximum rate: 20.2 per 100,000 inhabitants, resulting in 1,469 cases. In 1961, the death rate was at its highest--1.1 per 100,000 inhabitants, or 82 deaths (Graph 2).

Graph 2. Cases of Diphtheria. Cuba 1963-1979



Key:

1. Number of cases
2. Years
3. Provisional

That is to say, our country was faced with a situation which is considered common in underdeveloped countries.

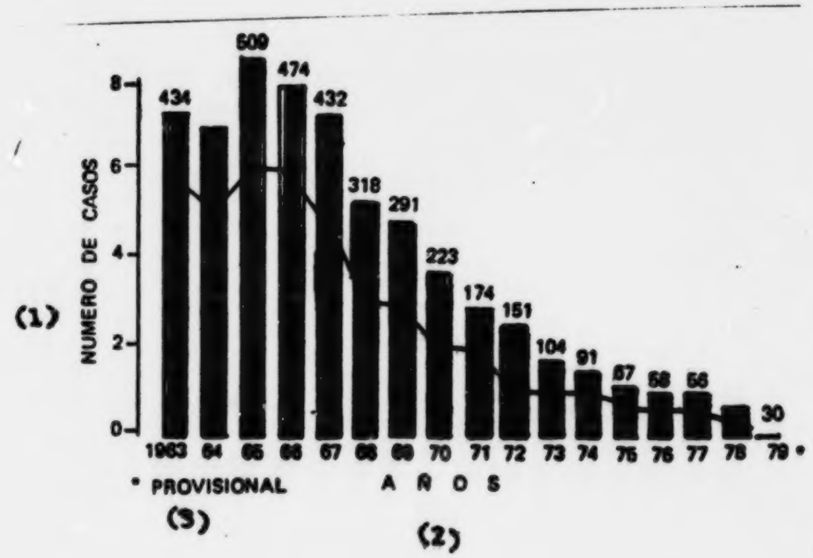
The systematic development of the immunization program, begun in the first month of life with the administration of the triple vaccine and continued with the diphtherial-tetanic toxoid in the 6 to 9-year age group, has assured that--since 1970, when there was one death--diphtheria is no longer among the diseases which kill; and the maintenance of adequate levels of protection have guaranteed that from 1970 on, only three cases were reported in 1972 and 1 case per year in 1975, 1976, 1977, 1978 and 1979.

One factor which should be pointed out is that the vaccination programs are being carried out with strict control in that the techniques of preservation, handling and application of the vaccine are designed to maintain a high degree of coverage against this disease.

Tetanus

Tetanus, a disease which everyone is in constant danger of contracting, is much more frequent in underdeveloped areas; it is directly affected by inadequate administration of the vaccination program and by inadequate health coverage (Graph 3).

Graph 3. Cases of Tetanus. Cuba 1963-1979.



Key:

1. Number of cases
2. Years
3. Provisional

However, tetanus among the newborn is a frequent cause of infant morality in [Latin] American and Third World countries; generally speaking, it is a direct reflection of the low degree of development of mother-child health programs. Inadequate development of educational programs and inadequate care of the pregnant woman are directly expressed by tetanus through abortion.

As effective vaccination programs are developed, it becomes evident that there are high-risk groups which require constant epidemiological analysis; this type of analysis will serve to direct the funds properly and thus achieve maximum results with the program.

In an article published by Dr Augusto Vera Martinez, in which he examines 2,337 tetanus patients interned in the Asuncion hospital for infectious and tropical diseases, in Paraguay, the situation of a nonprotected people is reflected pathetically. A total of 31.66 percent of the cases reported were umbilical tetanus; and of 55 cases of postsurgical tetanus, 25.4 percent were postapendectomy; 16.3 percent were postcaesarian, and 14.5 percent were non-strangled postsurgical intervention for hernias.

In Cuba, the risk situation encountered at the time of the triumph of the revolution was one of complete lack of attention to the protection of the people. The maximum expression of this situation is the rate of 8.9 per 100,000 inhabitants reported in 1962, amounting to 645 cases in all age groups.

As for tetanus among the newborn, the situation was not less serious: 94 cases in 1959 for a rate of 4.9 per 10,000 live births.

Prior to this epidemiological situation, intensive immunization programs were begun which were reflected in a constant decline in the number of cases year by year until, in 1979, we had an illness rate of 0.3 per 100,000 inhabitants, or 30 cases, and 16 deaths, representing a morality rate of 0.2 per 100,000 inhabitants.

With regard to tetanus among the newborn, one case was reported in 1970, two in 1971, one in 1972, and no more cases of tetanus among the newborn in Cuba after 1972.

We believe it necessary to emphasize the need for a systematic epidemiological analysis of the results of a given program to achieve proper effectiveness and neutralize the law of useful decline in preventable diseases through vaccines, especially when the vaccine available is as effective as the tetanus toxoid.

Although it is feasible to diminish a disease beginning with a high number of cases, this becomes more difficult if the activities are not accompanied by a thorough epidemiological analysis.

In our program for reducing tetanus, we can give two examples of the positive results of this constant analysis:

1. The eradication of tetanus among the newborn, brought about essentially by prenatal care, which means 10 doctor visits per pregnant woman and institutional delivery which now benefits 98.3 percent of the Cuban women.

2. The percentages of decrease maintained in the last 5-year period, beginning with 153 cases or a rate of 5.3 per 100,000 inhabitants under 15 years of age.

Tetanus is a disease which is presently reduced to a minimum, and this shows a health awareness acquired by a Third World people, a result of the technical activities of the MSP (Table 1).

Table 1. Incidence of Tetanus in Children Under 15 Years of Age. Cuba 1965-1979

Year	Cases Reported Total	Rate*	Variations Vs. Previous Year No. of Cases	Percentage
1965	153	5.34	00	--
1966	145	5.01	- 8	- 5.3
1967	124	4.15	-21	-14.5
1968	95	3.12	-29	-23.4
1969	90	2.91	- 5	- 5.3
1970	48	1.52	-42	-46.7
1971	36	1.12	-12	-25.0
1972	22	0.67	-14	-38.9
1973	25	0.74	+ 3	+13.6
1974	21	0.62	- 4	-16.0
1975	20	0.58	- 1	- 4.8
1976	20	0.57	--	--
1977	14	0.40	- 6	-30.0
1978	6	0.18	- 8	-57.1
1979	6	0.18	--	--

*Rate per 100,000 inhabitants.
Source: National Statistics Directorate subordinate to the MSP.

BCG

The BCG [Calmette-Guerin bacillus] vaccine has been produced in the country since 1943; but despite that fact, vaccination with that medication has been limited.

Not until 1963 did we begin systematically to vaccinate every newborn child in our institutions, with booster shots at 5 and 10 years of age. In 1970, on the basis of studies made in 1969 by Sevy and Werner on school children 6 to 14 years of age not vaccinated with BCG and relating to the degree of natural tuberculosis infection, it is decided to eliminate the booster shot in the 5-year-old group and continue it in the 10-year-old group.

In Table 2, we can see the percentage of vaccination reached in newborn children less than 45 days old in institutions during the period 1965 to 1979.

Table 2. Percentage of Newborn Children Vaccinated With BCG. Cuba 1965-1979

Year	Live Births in Institutions	45 Days Old and Under Vaccinated	Percentage Vaccinated
1965	194,172	175,488	90.4
1966	204,260	175,325	85.8
1967	202,021	168,626	83.5
1968	213,342	170,657	80.0
1969	219,722	166,088	75.6
1970	216,926	174,422	80.4
1971	245,188	221,043	90.2
1972	242,078	230,195	95.1
1973	221,522	215,661	97.4
1974	198,256	189,319	95.5
1975	190,356	178,494	93.8
1976	183,932	162,412	88.3
1977	163,832	153,289	93.6
1978	145,557	141,017	96.9
1979	141,098	140,062	99.3

Source: MSP annual report for 1979.

Table 3 shows children 45 days old and under vaccinated with BCG as well as those older than 45 days (first-time vaccinated and booster shots); we note a marked increase in the figures, based on better data collection throughout the land and on child-care consultations.

Table 3. Total Vaccination With BCG. Cuba 1965-1979.

	Vaccinated With BCG			
		+45 Days		
Year	-45 Days	First-time	Booster	Total
1965	175,488	128,180	64,699	368,367
1966	175,325	97,521	65,261	338,107
1967	168,626	97.245	104,622	370,493
1968	170,657	81,884	147,371	399,912
1969	166,088	376,968	106,240	649,296
1970	174,422	240,693	71,560	486,675
1971	221,043	78,955	56,281	356,279
1972	230,195	45,907	31,850	307,952
1973	215,661	29,184	57,113	301,958
1974	189,319	37,680	70,175	297,174
1975	178,494	13,920	58,239	250,653
1976	162,412	11,487	131,107	305,006
1977	153,289	4,033	168,965	326,287
1978	141,017	2,597	141,475	285,089
1979	140,062	1,569	141,631	328,253

Source: National Statistics Directorate subordinate to the MSP, 1979.

The incidence of tuberculosis in Cuba has gradually declined in the past 14 months, resulting from carrying out a national program for the control of this disease. This is also shown by the reduction in the number of cases of tuberculosis reported for children under 15 years of age, as seen in Table 4.

Table 4. Cases of Tuberculosis in Children Under 15 Years of Age. Cuba 1965-1979

		Age Groups			
Year	-1 Year	-1-4 Years	-5-15 Years	Total -15 Years	Rate per 100,000 Inhabitants
1965	25	181	286	492	17.2
1966	10	83	131	224	7.7
1967	15	102	178	295	9.9
1968	10	65	155	230	7.6
1969	2	54	93	149	4.8
1970	5	33	47	85	2.7
1971	2	23	30	55	1.7
1972	6	14	24	44	1.3
1973	3	15	19	37	1.1
1974	3	14	13	30	0.9
1975	--	13	24	37	1.1
1976	4	17	20	41	1.2
1977	--	19	24	43	1.2
1978	3	7	29	37	1.1
1979	2	9	11	22	0.7

Source: National Statistics Directorate subordinate to the MSP.

Death from tuberculosis also decreased considerably during this period, and the same showed up to an even greater extent in children 15 years of age to the point where the mortality rates, as reported, were reduced to insignificant figures.

Table 5 shows the deaths from tuberculosis in children under 15 years of age during the period 1965 to 1979.

Table 5. **Deaths From Tuberculosis in Children Under 15 Years of Age by Age Groups. Cuba 1965-1979.**

	Deaths and Rates by Age Groups							
Year	1-Year-Olds		1-4-Year-Olds		5-14-Year-Olds		-15 Years of Age	
	Dec.	Rate*	Dec.	Rate**	Dec.	Rate***	Dec.	Rate****
1965	4	0.02	7	0.08	4	0.22	15	0.52
1966	10	0.04	4	0.05	4	0.22	18	0.62
1967	3	0.01	4	0.04	4	0.21	11	0.37
1968	4	0.02	2	0.02	3	0.16	9	0.30
1969	1	0.01	6	0.06	2	0.10	9	0.29
1970	2	0.01	1	0.01	2	0.10	5	0.16
1971	--	0.00	--	0.00	--	0.00	--	0.00
1972	--	0.00	3	0.03	2	0.09	5	0.15
1973	1	0.01	2	0.02	1	0.04	4	0.12
1974	1	0.01	2	0.02	--	0.00	3	0.09
1975	1	0.01	1	0.01	1	0.04	3	0.09
1976	--	0.00	--	0.00	--	0.00	--	0.00
1977	--	0.00	--	0.00	--	0.00	--	0.00
1978	--	0.00	2	0.03	--	0.00	1	0.06
1979	--	0.00	--	0.00	3	0.12	3	0.09

*Rate per each 1,000 live births.
**Rate per each 10,000 inhabitants 1 to 4 years old.
***Rate per each 100,000 inhabitants 5 to 14 years old.
****Rate per each 100,000 inhabitants under 15 years of age.

We believe that the reduction in illness and death from tuberculosis is due to the high percentage of vaccination with BCG within the framework of a national program of tuberculosis control and that it also closely reflects the political and socioeconomic changes which resulted in improvement in the standard of living of our people.

8568
CSO: 5400/2174

BRIEFS

NO MEASLES REPORTED--Czech medical science has scored another important success in combating infectious diseases. During the first quarter of 1982 not one case of measles had been reported in the Czech Socialist Republic (CSR). This success has not been matched by any other country. After eradicating polio, diphteria and successful treatment of scarlet fever with antibiotics, measles presented in the CSR the most serious "childhood" disease causing numerous complications and up to 163 deaths annually. Finally, the 12-year-long program of systematic vaccination has actively disrupted the natural transmission process of measles. Any future cases of measles should be limited to single occurences in unvaccinated persons or unsuccessfully vaccinated persons who would contract the disease abroad. [Prague LIDOVA DEMOKRACIE in Czech 19 Jun 82 p 4]

CSO: 5400/3007

BRIEFS

MENINGITIS UNDER CONTROL--BAHIR DAR (ENA)--A meningitis epidemic which was reported to have spread in certain kebeles of Dangla district, Gojjam region, has now been placed fully under control, according to the distict's Health Office. An eight-member team led by Comrade Gebeyehu Tamrat, Health Officer of Dangla town, had been giving medical treatment to affected persons from May 13 to May 22. Through the efforts of the health team and the cooperation of governmental departments and mass organizations, the disease has been put properly under control, the district Health Office revealed. The office noted that 137 persons had recovered from the disease after receiving medical treatment. [Text] [Addis Ababa THE ETHIOPIAN HERALD in English 1 Jun 82 p 8]

CSO: 5400/5639

CLEAN-UP CAMPAIGN INITIATED TO FIGHT GASTROENTERITIS

St Georges FREE WEST INDIAN in English 15 May 82 p 1

[Text] With better organisation and greater mass participation, the anti-gastro-enteritis clean-up campaign will be held in most communities throughout the island tomorrow.

Speaking after a meeting yesterday with representatives from mass organisations, Parish Co-ordinating Bodies, the Central Water Commission (CWC) and various Ministries, Deputy Health Minister Chris De Riggs disclosed that some 200 public workers have agreed to lead the campaign, dubbed "the health manoeuvre."

The meeting was the second such held during the past week, as the Ministry of Health intensifies its efforts to prevent the spread of gastro-enteritis, which has already caused the deaths of four persons.

The Ministry of Construction and Agriculture, Bro. De Riggs said, has agreed to provide a total of 19 trucks to be used for transporting people and carrying "garbage and stuff to be dumped in authorised dumping sites."

Tomorrow's campaign will take two forms, he revealed.

One will be the physical cleaning of the environment, which involves the collection and removal of garbage, the cleaning of clogged drains and rivers and cutlassing the road-sides.

The other is public education, in which members of mass organisations will be distributing two pamphlets on gastro enteritis. One lists a number of anti-gastro preventive measures.

Members of the People's Revolutionary Armed Forces are expected to turn out in massive numbers for this campaign, and their assistance will be sought in all parishes, for removing derelict vehicles from the roadsides.

The clean-up campaign will also focus on the need to conserve water and "the immediate surroundings and environment around standpipes will also be cleaned up," according to Bro. De Riggs.

He said that "there is a much more serious response" from the mass organiations and disclosed that the Technical and Allied Workers (TAWU) has formally pledged its support to the campaign.

Coming out of the meeting was a unanimous decision by all representatives to formalise a "committee for the mobilisation of the people to protect the environment." This committee will include representatives from the Health and other ministries and the mass organisations.

Such a committee, Bro. De Riggs said, will be seeking co-operation from the Ministry of Education for instituting a school sanitation drive, that will promote cleaning of schools environments and toilets.

"In the future, we intend to mobilise the masses for periodical clean-up drives that will lay the basis for the elimination of such diseases," he said.

Meanwhile, there has been no dramatic change in the gastro situation in the country over the last two weeks. Statistics from the Ministry indicate that between January and the first week in this month, some 700 cases have been reported.

Unlike before the Revolution, rehydration fluids can now be received free at all health clinics throughout the island, including the General Hospital. Rehydration fluid, taken through the mouth, restores fluid to the body that is lost as a result of a gastro-attack.

CSO: 5400/7560

HEMORRHAGIC DENGUE SEEN AS 'NATIONAL EMERGENCY'

PA252241 Tegucigalpa Televisora Hondurena in Spanish 0130 GMT 25 Jun 82

[Excerpts] The health secretariat views the presence of hemorrhagic dengue in the country as a national emergency. At a news conference this morning, Carlos Pineda, chief of the vector control office, criticized the Finance Secretariat for not recognizing the danger that the presence of hemorrhagic dengue represents to the health of the Honduras. The active sectors were not present at the meeting that was called to confront this epidemic which could also have serious effects on the economy. Here is his report:

[Begin recording] The lives of more than 120,000 people affected by simple dengue in 1979 are in danger, since they could easily become infected by hemorrhagic dengue, which could spread in Honduras if the necessary preventive measures are not taken, according to Carlos Pineda, chief of the vector control division, the 120,000 people infected in 1979 are more susceptible to the disease as a result; thus, their lives are in danger if they are infected by this new type of dengue, which is more deadly. According to the doctor, the dengue epidemic could greatly affect Honduran economic activities, as patients would be unable to work for a very long time.

The Health Secretariat has asked all mass, business and organized groups in the country to join the preventive campaign that will be conducted nationwide. It was reported that the disease, which is present in neighboring countries like Belize, could be eradicated in Honduras at a cost of 2 million lempiras. However, the Health Secretariat does not have this amount due to the budget restrictions imposed by the financial analysts at the Finance Secretariat, who disregard the gravity of the disease and who feel that public health is an expenditure rather than an investment. [end recording]

CSO: 5400/2176

COMMUNICABLE DISEASE REMAINS COMMUNITY HEALTH PROBLEM

Jakarta KOMPAS in Indonesian 29 Apr 82 p 3

[Text] Jakarta, KOMPAS--The results of research carried out in 1980 show that at any given time about 11.4 percent of the population of Indonesia is suffering from illness. Of that total about 57.2 percent of them are suffering from communicable disease. This statement was made by the director general for the prevention and elimination of communicable disease in the Ministry of Health, Dr Adhyatma, during the program "Television Platform" last Tuesday evening [27 April].

Dr Adhyatma said that it is clear that communicable disease is still a community health problem in Indonesia. This is because the most common diseases people suffer from in Indonesia are communicable illness, while cancer, diseases of old age, heart disease, injuries, and other medical conditions are just starting to appear, However, communicable disease is still the major problem in Indonesia as a developing country. There is also the fact that communicable disease causes repeated illness such as infection of the upper and lower respiratory system, including influenza, bronchitis, inflammation of the lungs, skin diseases, diarrhea, tuberculosis, eye diseases, malaria, and other parasitical infections. However, the most serious communicable diseases which cause death are infections of the upper and lower respiratory passages, such as inflammation of the lungs, diarrhea, tuberculosis, tetanus, and typhus affecting the intestines.

According to Dr Adhyatma, in order to prevent and eradicate communicable disease effectively, it is necessary to break the chain of infection. Among other things this includes improvement of health conditions in the neighborhood, killing insects or livestock suffering from disease, treatment of sick people who are the source of infection, and immunizing community groups which may be affected by communicable diseases. Usually, these efforts at preventing and eradicating the spread of disease are carried out as a combination of several of the forms of activity mentioned previously.

Communicable disease which can be prevented by immunization includes diphtheria, whooping cough, tetanus, poliomyelitis, and so forth. The object of preventing and eradicating communicable disease is to lower mortality and illness figures and reduce the impact of other consequences of communicable disease.

Dr Adhyatma said that as a result of efforts to prevent and wipe out communicable disease, illnesses like the plague, which were once the greatest health problem affecting Java, have been effectively eradicated. Indeed, in a gradual way the plague has been completely overcome or confined to a single location, that is, Boyolali [Central Java]. Since 1972 Indonesia has had no additional cases of the plague affecting human beings. Smallpox has also been successfully wiped out. Previously, small pox was once major community health problem. However, since 1972 there have been no reports of smallpox in Indonesia. The last case of smallpox was reported from Tangerang [West Java] in 1972. In 1974 Indonesia was declared free of smallpox, and the whole world was declared free of smallpox in 1980.

There are other communicable diseases which have been successfully eradicated or whose incidence and seriousness as a cause of death have been reduced, according to Dr Adhyatma, including yaws, which has been eradicated. The seriousness of malaria has been reduced, the death statistics due to cholera have been reduced, and the death statistics due to dengue fever have been reduced. In 1968 the incidence of death among those suffering from dengue fever was still 48 percent; presently, the figure was dropped to 3-4 percent.

Meanwhile, he admitted that other diseases have not yet been eradicated, but the program to deal with them is spreading wider and reaching farther out. The immunization program now reaches, 2,099 Community Health Centers, and the program for the eradication of tuberculosis now reaches 1,320 Community Health Centers.

5170
CSO: 4213/56

BRIEFS

CHICKEN POX IN EAST JAKARTA--Dozens of persons in Klender Ward, East Jakarta, have had chicken pox, most of whom were children under 5 years of age. Initially the victim had a fever which was followed by generalized itching and subsequently blisters broke out over his entire body. Yesterday [12 April] several children were encountered at the Klender PUSKESMAS [Public Health Center] who were suffering from the same disease that originated in Kampung Baru and Kampung Kapuk in the Klender Ward. Mrs Bonar Pangarihuan, a resident of Kampung Kapuk who brought her child to the PUSKESMAS for treatment, said five out of six children there had chicken pox. A mother from Kampung Baru who also brought her child in for treatment said chicken pox had been going around there for the past 2 months. On that occasion, when asked for information about the disease, Mrs Dr Sulistiowati, a doctor at the Klender PUSKESMAS, apparently was not prepared to comment, but she confirmed that chicken pox was present. She did not want to say how many persons had the disease, but members of the community estimated that about 40 now had chicken pox which reportedly is very contagious. [Excerpts] [Jakarta HARIAN UMUM AB in Indonesian 13 Apr 82 p 2] 6804

DENGUE FEVER IN JAKARTA--To date it has not been possible to control dengue fever, and it still haunts five regions of the DKI [Special Capital Region] of Jakarta. This is due, among other reasons, to the lack of concern on the part of the community toward this disease. A source from several hospitals in Jakarta commented that, for the most part, denge (hemorrhagic fever) attacked children between 1 and 14 years of age. Its symptoms are similar to those for flue, occasional bloody vomitus, a rash particularly on the face, and a fever that cannot be reduced. Dr Sudarso, chief of the regional office of the Department of Health in Jakarta, who was contacted by AB, admitted that dengue fever had attacked five regions of DKI Jakarta. It has not spread but rather is endemic. The Department of Health is planning to spray with abate insecticide in August to kill the mosquito larvae. However, the doctor denied that dengue fever had spread in the five regions of DKI. It remained in a number of specific locales and thus no single area is considered critical because of this disease. [Excerpts] [Jakarta HARIAN UMUM AB in Indonesian 13 Apr 82 p 2] 6804

UNIDENTIFIED ILLNESS IN YOGYAKARTA--The intestinal disease of unknown origin which raged through Argomulyo Village, Bantul Regency, Yogyakarta, has been curbed successfully. As of Tuesday [4 May] only three patients were being treated at the local PUSKESMAS. Sardjo, health supervisor at the Argomulyo PUSKESMAS, commented that the three victims had the same disease. Each had a queasy stomach, a headache, and a rising temperature. These symptoms are similar to those complained of by hundreds of other victims who had been examined and treated at the Argomulyo PUSKESMAS. According to the records, 81 were treated while more than 700 others were examined for the same complaints during the month of April. Sardjo said the disease, which heavily attacks women and children, is known to have raged through Argomulyo since the beginning of March. So far the source of the illness remains unknown. The attack reached its peak in April. "We were at our wit's end in handling patients and therefore we sent some to the Bantul Regency, Bethesda, and Sardito Hospitals in Yogyakarta," Sardjo said. While the illness ran rampant a junior high school student, Tugiyaningsih (14 years old), is known to have died. [Text] [Jakarta KOMPAS in Indonesian 5 May 82 p 9] 6804

MORBIDITY IN TIMOR--According to data of the Nusa Tenggara Health Department Regional Office for the two regencies of Timor Tengah Utara and Belu, which border East Timor Province, three groups of primary diseases are recorded, namely those caused by poor sanitation, contagious diseases, and malnutrition. The first two groups are dominant there, accounting for 45 percent and 46 percent of all illness while malnutrition accounts for 9 percent. The Belu and Timor Tengah Utara Regency Health Services recorded 112,880 patients (from 11 subdistricts) who were treated at the PUSKESMAS in 1980. Of that total 51,329 had illnesses resulting from poor sanitation (including worms, cholera, and eye, skin and intestinal diseases), 51,905 had contagious diseases such as malaria, and 9,646 had illnesses caused by malnutrition (vitamin A deficiency, endemic goiter, and anemia). [Excerpts] [Jakarta AKOMPAS in Indonesian 11 May 82 p 8] 6804

GOSTROENTERITIS IN EAST JAVA--The gastroenteritis epidemic is spreading in the Lumajang area particularly to Sumberwuluh Village, Candipuro Subdistrict, where three persons died and 65 were treated. After receiving a report, Dr Andreas, head of the Candipuro PUSKESMAS, accompanied by several members of the subdistrict staff, immediately went to the village to investigate. They investigated the disease which had attacked 68 persons including the three, two minors and one adult, who had died. Ultimately the 65 persons who still could be helped were givan a medication which rid them of the disease. Dr Andreas appealed to all communities in the Lumajang area to take care of environmental sanitation because good sanitation was the primary requisite for preventing the spread of germs which caused gastroenteritis. [Excerpts] [Jakarta MERDEKA in Indonesian 20 Apr 82 p 4] 6804

UNIDENTIFIED ILLNESS IN CENTRAL JAVA--A "fever-chills" disease is attacking children under the age of 5 in several villages in the Boyolali Regency area of Central Java. Moreover, several adults also were attacked by the disease according to an Antara reporter from the Boyolali area as reported on Monday [3 May]. It was also reported that children attacked by the disease, whose type is still unknown, generally have a rather high fever which alternates with chills. Thus the local people in the affected area call the disease the "fever-chills" disease. While in the fever stage, the hands of the children attacked by the disease twitch, their eyes are reddened, and have headaches. Mothers who have no experience with the disease try to cure them by giving them raw jackfruit. Mothers experienced with the disease immediately take a child attacked by the "fever-chills" disease to the doctor. [Text] [Jakarta MERDEKA in Indonesian 7 May 82 p 4] 6804

GASTROENTERITIS IN EAST NUSA TENGGARA--Mohammad Suri, chief of the Department of Information Office in Alor Regency, East Nusa Tenggara, told SINAR HARAPAN on Saturday evening, 17 April, that a number of the residents of the Mali region, Northwest Alor Subdistrict were stricken by a gastroenteritis epidemic (vomiting and diarrhea--editor). It is still not known for certain how many residents were attacked although it was estimated that they numbered in the dozens, and it has not yet been possible to determine how many victims it claimed. It is believed that Alor Regency is frequently stricken by epidemics of gastroenteritis, dengue fever as well as measles because, in general, those who reside in the interior rarely take any care of environmental sanitation because of their generally low level of education. According to Mohammad Suri, as long as little care is given to health and environmental education, epidemics will continue in the Alor Regency. [Excerpts] [Jakarta SINAR HARAPAN in Indonesian 22 Apr 82 p 3] 6804

BANDA ACEH ELIMINATION OF YAWS--Banda Aceh, June 25 (ANTARA)--Yaws is expected to be eliminated from Indonesian soil at the end of the Third Five-Year Plan (in 1984), even if the contagious skin disease may still be prevalent in several parts of the country. The prediction was made by Dr Burhanuddin Jusuf, head of the Aceh Health Service Contagious Diseases Eradication Section, in a talk with ANTARA here Thursday [24 June]. In most of Aceh, the disease has disappeared, but it is still in evidence in several districts along the coast and in mountain areas, especially in such parts where the sense for sanitary living is low, he said. Burhanuddin called on the public to immediately report the incidence of yaws to the nearest public health clinic to help the government in bringing closer the day when the disease can be declared eradicated in the country. [Jakarta ANTARA in English 0746 GMT 2 Jun 82 BK]

CSO: 5400/2176

ISLAND-WIDE ANTIPOLIO IMMUNIZATION CAMPAIGN UNDER WAY

Ministry of Health Action

Kingston THE DAILY GLEANER in English 3 Jun 82 p 1

[Text] Jamaica was placed yesterday on the alert against an outbreak of poliomyelitis as the Ministry of Health put its machinery into action for a mass immunization campaign against the disease.

The Ministry of Health announced that the programme "is well under way". It began yesterday in the wake of four confirmed cases of polio in St. James, the first to be recorded in Jamaica since 1964.

In July 1954 there was a serious outbreak of polio here. However, it was brought under control in Decmeber of that year. By then there were 94 deaths of the 759 cases reported.

The Ministry said yesterday that the first phase of the programme is being concentrated on infants and children in the pre-school and school-age groups, and was being extended today to Kingston and St. Andrew, Portland and St. Thomas.

The Ministry statement said:

"The Immunization programme is well underway. The public is reminded that the first phase of this programme is being concentrated on infants and children in the pre-school and school-age groups.

"Adults are asked to wait until all the susceptible children have received immunization.

"General Practitioners are being supplied with vaccine from the Government Medical Stores. A meeting will be held with representatives of the Medical Association of Jamaica, Paediatrician Association, General Practitioners Association, Junior Doctors Association and Nurses and Pharmacists Association to discuss their involvement in the programme.

"Doctors in need of vaccine supplies are asked to contact the Command Post at the Ministry of Health. General Practitioners in other parishes can contact the Parish Health Offices.

"All General Practitioners are asked to keep records of the people they immunize and their immunization status and to report these to the Command Post at the Ministry of Health on a daily basis.

"The Ministry has secured adequate supplies of vaccines and deliveries are being staggered to avoid storage problems."

Centres Opened

"The following is the programme for Kingston and St. Andrew:

"Children attending schools, including Basic Schools will be immunized in their schools so there is no need for them to attend the Health Centres. This programme will begin on Thursday, the 3rd June, 1982.

In addition the following immunization centres will be opened from 8:30 a.m. to 4.30 p.m. daily as of Thursday, 3rd June, 1982. The following are the centres in Kingston & St. Andrew.

(Editor's note: Please see list of centres, published separately).

"Mothers are asked to note that babies, and children not attending schools, should go to the nearest immunization Centre with immunization cards if they have any.

"Tomorrow, the programme in Trelawny and Hanover will be concentrated on the schools. The opening of immunization centres for other children and adults will be announced.

"The schedules for immunization in other parishes will be announced as soon as they are available".

Vaccine Shortage

Kingston THE DAILY GLEANER in English 3 Jun 82 p 1

[Text] Several clinics and immunization centres in Montego Bay ran out of poliomyelitis vaccine yesterday as thousands of residents in the western parishes converged on these centres to be immunized against the crippling poi poliomyelitis.

It is understood that arrangements are being made for more vaccine to be flown into Montego Bay by this morning to continue the Polio immunization drive thr   out the island.

Up to late yesterday evening officials of the St. James Public Health Department were unable to say how many people were immunised, but according to a spokesman "thousands have been treated."

At 3 p.m. yesterday the Church Street, Cornwall Regional Hospital and Flanker clinics had to be closed as the vaccines were depleted, the spokesman said.

"However, priority was being given to the schools in the initial stage of the programme.

From early yesterday, medical teams were deployed to most schools in Montego Bay. Among the schools where immunization has been completed are Cornwall College, Montego Bay High School, Mt. Alvernia, Montego Bay Infant, Corinaldi Primary and Barracks Road Primary.

The programme is to continue today depending on the availability of the vaccine.

Reports from the Cornwall Regional Hospital are that four children, suspected polio cases, were admitted there yesterday. A hospital source said they were not considered to be serious cases.

Gilmour, Manley Statements

Kingston THE DAILY GLEANER in English 3 Jun 82 p 1

[Text] APPEALS FOR CO-OPERATION with the Health Minister's polio immunication campaign were made yesterday by the Minister of Education, Dr. Mavis Gilmour, and by the Leader of the Opposition, Mr. Michael Manley.

The following statement was issued by the Minister of Education:

"It will not be necessary to close schools except those which have been selected as immunization centres. School children and teachers will be among the first groups to receive immunization.

"All students will be required to produce their immunization cards on entering school at the beginning of the school year, 1982.

"All physical and cultural activities which require any degree of exertion should be abandoned until further notified.

"In our efforts to assist with the programme, any school building, premises or equipment required by the Ministry of Health should be made available immediately on request". The Ministry of Health will also seek the assistance of a number of teachers in administering the vaccine, which is simply taken by mouth.

"Since the health and welfare of our children are the concern of all our teachers, I look forward to your fullest co-operation in this exercise."

The following statement was issued by the Leader of the Opposition:

"The People's National Party has noted with distress the sudden increase in the number of cases of poliomyelitis.

"At this stage, the Party is calling on all Jamaicans not to panic. Jamaicans are being asked to follow the professional advice that has been given with respect to crowded places, exercise and otherwise. It is imperative that everyone co-operate and go as quickly as possible to the various centers and be immunised.

"The Party has already asked for certain information from the Government and is conducting its own investigation into the events leading up to the present crisis. We will have more to say on that in due course.

"In the meantime, however, we wish to stress that our first concern is that everyone should assist in stopping the spread of this disease which can maim and even kill people. We urge everyone to give their fullest co-operation in order to stop the spread of the disease."

Incidence in St James

Kingston THE DAILY GLEANER in English 4 Jun 82 p 1

[Text] Since the outbreak of poliomyelitis in St. James, there has been one death, and eight confirmed and 27 suspected cases reported there, the Minister of Health, Dr. Kenneth Baugh, said yesterday.

There have been no confirmed cases outside of St. James, but the Gleaner understands that there are two suspected cases at the Kingston Public Hospital and that tests are being carried out.

Dr. Baugh told a news conference at the Ministry in Kingston that up to yesterday morning there were 27 suspected cases in the Cornwall Regional Hospital and that eight of the cases investigated had been confirmed as polio.

In addition, two persons had been discharged, one of whom was confirmed as a polio case; one refused to be admitted to the hospital; and one had died.

The cause of the outbreak is still being investigated and there are some ideas being followed up.

The Ministry is receiving assistance in its diagnosis from a scientist from the U.S. National Centre forDisease Control, in Atlanta, Georgia, who arrived in Jamaica last week Thursday.

Dr. Baugh said the suspected and confirmed cases were not from one area, but from scattered districts in St. James. He said the poliomyelitis virus in the island now was of the type present in 1954 and 1957.

In July, 1954, there was a serious outbreak of polio here. However, it was brought under control in December of that year. By then there were 94 deaths of the 759 cases reported. However, the last reported cases of polio in Jamaica before the current outbreak was in 1964. It was the 1954 outbreak that led to the establishment of the Mona Rehabilitation Centre in St. Andrew.

DR. BAUGH SAID THAT SO FAR the immunisation programee was on target and was effective and that there were "ample supplies of the vaccine available". Some

5000,000 doses will arrive in Jamaica from Canada today, with another million coming early next week. This, the Minister said, should be able to take care of the first phase of the programme in the entire island.

All parish immunization centres had been supplied with the vaccines and where electrical problems could likely develop, stand-by generators had been supplied to ensure the proper refrigerated storage of the vaccine. About 14 new generators had been bought to ensure electricity supply.

There would be investigation as soon as there were illnesses resembling poliomyelitis. Whenever there were reports, investigations would be carried out. In fact, there was one such disease that could be confused with poilo--namely Guillian Barre disease, which can cause paralysis.

Most of the cases so far have been in the one to 8-year-old age group, and, in particular, the one-year to 3-year-old group; a few adolescents and one young adult. The first patient to be confirmed in May was a child.

Signs of the disease are fever, influenza-like symptoms--cold and headache--which are followed by weakness in the limbs which may be on both sides.

Polio--or infantile paralysis, as it used to be called--is a virus infection of the motor nerves--the nerves of movement--at the point where they leave the spinal cord. In some countries, it is almost as common in adults now as in children. It often seems to strike at fairly normal healthy people. The reason is not that healthy people are specially prone as such, but that those living under less hygienic conditions are more likely to have developed immunity to it.

DR. BAUGH APPEALED to the public to allow the Ministry to immunize children first and to follow the guidelines and instructions issued. He said that General Practitioners (doctors) would also be supplied with the vaccine. They in turn would make it available free to their patients.

He asked that the public co-operate by recognizing why the priority should be given to persons under 30 years. Persons under 30 years, he said, would be more susceptible to the virus as they would not have been previously exposed to the outbreaks in 1954, 1957 and 1964.

Dr. Baugh is to visit St. James over the week-end to review the programme being carried out there.

Aid from UK

Kingston THE DAILY GLEANER in English 5 Jun 82 p 1

[Text] ONE MILLION DOSES of polio vaccine, valued at one million Jamaican dollars, has been given to Jamaica by the Wellcome Foundation, of England, through the British Government.

This Foundation is the British associate of the leading pharmaceutical firm of Burroughs Wellcome Inc., of Canada. It is a philantrophic organisation devoted to medicinal causes.

There is a worldwide shortage of polio vaccine and although some supplies have already come in from Canada and the United States, there is a need for many more doses to be made available here to combat the outbreak of the diseases.

CONTACT WAS made with the Wellcome Foundation at the request of the local Ministry of Health by Lascelles Laboratories, of Kingston, through its Managing Director, Mr. Ian Murphy.

Diplomatic channels were used to bring about a speedy handling of the request and the British High Commission in Jamaica made the necessary contact with the British Government in the matter.

Supplies of the gift vaccine from the Wellcome Foundation, described yesterday as "a most generous offer", are due to come by the middle of next week.

Immunization Situation

Kingston THE DAILY GLEANER in English 5 Jun 82 pp 1, 17

[Text] THE MINISTRY OF HEALTH said yesterday that all the suspected and confirmed cases of poliomyelitis are confined to St. James, but the GLEANER understands that a few suspected cases are being investigated in the Corporate Area.

The Gleaner learnt that one suspected case was admitted to the Kingston Public Hospital yesterday, in addition to two suspected cases the day before, and that a case had been referred to the K.P.H. from the Cornwall Regional Hospital.

The Ministry said yesterday, however, that there had been no new cases other than the eight confirmed and 27 suspected cases reported in St. James up to Thursday.

Yesterday, chaos reigned at some Corporate Area Health Centres as people went to be immunized. Police had to be called in when people began tearing down doors. Fights broke out among some people seeking to be innoculated.

THE MINISTRY SAID YESTERDAY it had so far issued over 700,000 doese of the vaccine and the programme has already covered some 400 schools and 130 health centres. The programme is now in operation in all parishes.

Dr. Peter Figueroa, Acting Senior medical Officer of Health for Kingston said that 60 per cent of the school-children in the Corporate Area had been vaccinated against poliomyelitis in the mass immunisation programme.

By Tuesday of next week, he said, 90 per cent of the school-children in the Corporate Area will have been covered.

Dr. Figueroa also stated that up to yesterday immunisation had been carried out in one third of the 50 health centres in the Corporate Area with 25,000 doses of the polio vaccine given. The programme in the Corporate Area is continuing.

Meanwhile, the GLEANER, understands that some doctors are charging people for administering the vaccine, even though the Ministry of Health has stated that it is to be done free.

So far, there have been no problem with supplies of vaccine. By next week, the Ministry will receive one million doses of the vaccine from Britain. Some 250,000 doses are expected to arrive in the island today.

A MINISTRY STATEMENT said it was asking the public to co-operate by allowing the estimated 500,000 children in the 0-12 age group to be immunised first. The other age groups are being asked to await the expansion of the programme next week.

"The public is being asked to co-operate with the staff at the centres so that the programme can be quickly and smoothly implemented. If this is done everyone can be quickly and smoothly implemented. If this is done everyone can be immunised by next weekend. The large influx of the adult population on the health centres is causing concern," the statement said.

According to the Ministry, the on going programme of immunisation which was recently started in primary schools in the Corporate Area had up to the time of the outbreak in St. James, provided some 65 per cent of the children in the age group 5-10 with protection.

Another statement by the Ministry last night said: "The Health Ministry understands that there are people who are going from one immunization centre to another and are taking more than one dose.

"This can be harmful and persons doing so should desist. Each person must have only one dose at this time and this will if necessary be repeated six weeks later.

"Some people, however, do not need more than one dose in which case the nurse will inform them when they visit the centre.

"Do not listen to rumours. Your nurse or doctor at your Immunization Centre are the best persons to whom you should direct your questions."

Immunization Totals

Kingston THE DAILY GLEANER in English 9 Jun 82 p 1

[Text] AS THE ISLANDWIDE anti-polio campaign continued to move in high gear, the Ministry of Health yesterday reported that over 600,000 persons, mostly children, had been immunized under the first phase of the programme.

Up to Monday, about 60 per cent of the children and young adults, or 86,000 persons most susceptible to the disease in St. James, where it had been confined, had been immunized, the Health Ministry said.

Medical Officer of Health for Cornwall, Dr. Barry Wint, said by today all the schools in the parish should be completed under the programme.

The Public Health Department of the K.S.A.C. has appealed to parents in the Corporate Area to allow their children to be immunized at their schools and not elsewhere to avoid crowding and unnecessary duplication.

The Health Ministry is asking for volunteers to assist in the immunization programme in St. Catherine, and for them to attend briefings at the St. Catherine Health Department, adjacent to the Spanish Town Hospital, tomorrow at 2 p.m. and on Friday at 9 a.m.

CSO: 5400/7562

SENIOR MEDICAL OFFICIAL DESCRIBES HEALTH CARE PROBLEMS

Kingston THE DAILY GLEANER in English 3 Jun 82 p 6

[Text] Dr. Peter Figueroa, acting Senior Medical Officer of Health for Kingston, has stated that the development of primary health care in the Corporate Area requires the injection of new resources to build on the foundation laid and the increase coverage of the population.

Over the past six years significant progress has been made in terms of the organisation and approach to developing primary health care not only in the Corporate Area but also in other parts of the island. However, full coverage of the population with basic health care was not possible at the present time, given the limited resources available to the Public Health Department.

Dr. Figueroa was giving his report at the annual Public Health Conference of the Kingston and St. Andrew Corporation held at the Bank of Jamaica auditorium, May 27. He said that achieving the target of "Health for All by the Year 2000" would require treating Health as a real priority and allocating resources accordingly.

Difficult Year

The present resources, manpower and materials "simply cannot stretch further" he said. For example, the number of midwives had not changed over the past 20 years but remained at 40. The increase in population had outstripped the number of health workers employed to meet the needs of the population.

Last year was a difficult one for the Department, with the health needs of the people continuing to grow and the resources available, declining. Despite the difficulties, however there were some achievements, including the increase in health committees, increase in immunization, and the "massive" mosquito control programme which was undertaken. Some 14 Health Committees were formed, making a total of 23. Dr. Figueroa said that primary health care required the active mobilisation and involvement of the people in determining their health needs and care. In light of this, it was important to strengthen the present Health Committees by forming more and giving them more responsibility for the health needs of their communities.

He also spoke of the Department's efforts to utilise the resources available and to secure others through the efforts of members of staff and with the support of patients. Health Committees and civic-minded organisations. He noted the work of the Pharmacy Section in saving the Department some $12,530 by manufacturing a range of items which were more expensive on the commercial market.

Among the problems he listed were shortage of staff, resources, inadequate solid-waste collection and disposal system, outdated legislation and poor facilities. He said that the attitude of the Courts to breaches of the Public Health Law was less than satisfactory. Legislation must be brought in line to provide support for the development of primary health care, he said.

Despite the problems, the health workers "heave shown themselves equal to the task". Achieving the goal of health for all would require the full support of the political directorate, administrative and technical staff, the involvement of the people, and the creative efforts of the health staff.

CSO: 5400/7562

BRIEFS

CHOLERA CASES REPORTED--Fifteen cholera cases have been treated at Ombo district hospital in Migori town in south Nyanza district. This was confirmed yesterday by the hospital's medical officer of health, Dr Teven Chris. He said that the victims, all from Muhoro Bay location, in Macalder division, and (Bugumbe) location in Kinhancha division, were admitted in the hospital in the last 2 weeks complaining of active diarrhoea and vomiting. Meanwhile, reports from Isebania rural health center indicate that a cholera case has been admitted, while another case has been identified at Macalder health center. [Text] [EA120554 Nairobi Domestic Service in English 0400 GMT 11 Jun 82]

CHOLERA EPIDEMIC--At least 25 people died of cholera in South Nyanza District and several others were admitted to hospitals during the past six days. A team of doctors from Kendu mission hospital and Homa Bay district hospital have been rushed to the area to fight the killer disease. A source at the Kendu mission hospital told THE STANDARD last night that some of the victims died at home and others in hospitals. [Nairobi THE STANDARD in English 22 Jun 82 p 1 EA]

CSO: 5400/2176

MALARIA CONFERENCE REPORTS ON CADRE TRAINING

Vientiane SIANG PASASON in Lao 9 Apr 82 pp 1, 3

[Article: Closing of Malaria Control Training]

[Text] On the afternoon of 30 March 1982 the Malaria and Tropical Disease Institute, Ministry of Public Health, completed its successful training of malaria control cadres who are medical officers from the northern provinces of Luang Prabang, Xieng Khouang, Oudomsai, Houa Phan, Louang Nam Tha, Sayaboury, and Vientiane, and the Malaria Center. There were 29 trainees, including 8 women.

According to a report by the chief of the Malaria and Tropical Disease Institute, in the period 1981-1982 the institute had opened 2 training sessions. The first which is now coming to a close is for medical cadres from the northern provinces. The second, which is now going on in Champassak Province, is for cadres from 4 southern provinces. Each training period lasts 6 full months. Each trainee studies political theory and specialized tasks, especially parasites, disease carriers (mosquitos), and epidemics of epidemiology. At the same time, they practiced with actual situations. This helps the trainees to more fully understand techniques for approaching the people, teaching and mobilizing the people to be aware of the danger of malaria, helping them to understand the blood testing project, and ways to assess what was done in the past. In his report the chief added that the specialized task in malaria training for the public health cadres from northern provinces in particular is the most important in the improvement of the public health network. This is because the northern provinces have widespread malaria, and malaria occurs every year. The institute gives the training to provide the provinces with efficient malaria control cadres in order to maintain good health for the people, especially the workers. This group of malaria suppression cadres will apply what they have learned to lead the provincial malaria control units in carrying out their work to stop and eliminate malaria, to improve and guide public health bases, to mobilize the people to organize mobile malaria control units, and also to organize malaria control stations in each province.

On this occasion each trainee expressed his happiness that he had succeeded in his courses, and pledged his efforts to apply what was learned successfully in actual practice in each one's locality.

9884
CSO: 5400/5611

PEDIATRICS CHIEF DISCUSSES COMMUNICABLE DISEASES, TREATMENT

Vientiane NOUM LAO in Lao 1-15 Feb 82 p 13

[Interview with Dr Phonthep Phonsena, Pediatrics Chief of Mahasot Hospital, Graduate and Expert in Pediatrics, and Member of the Lao People's Revolutionary Youth Union; date and place not given]

[Text] NOUM LAO: What kinds of disease occur in children nowadays?

Dr Phonthep: One disease is dysentery. I would like to add that there is a new strain of dysentery that spreads once in a while. Generally speaking, of diseases that occur in children, the most common one is malaria, and next come diarrhea, pneumonia, and meningitis.

NOUM LAO: Can you give us some example and statistics?

Dr Phonthep: This month in particular there were 300 cases. There was especially a lot at the end of this month. I refer only to those who were brought in for treatment in Mahasot Hospital. These children are between 6 months and 2 years of age.

NOUM LAO: Can you discuss our doctors' (especially in Mahasot Hospital) ability to combat this new strain of dysentery?

Dr Phonthep: Taking the month when there were 300 cases, we were able to treat them and save their lives. We can say that the cure rate was 100 percent. However, there were some cases where the patients delayed several days as they tried to treat it on their own before they were brought to the hospital, but for these it was too late.

NOUM LAO: How can you manage to treat it so successfully?

Dr Phonthep: First, because we understand the disease very well. We had observed it before, and it is only this year that we have reached a real understanding of it. Second, we have enough medicine, especially for dysentery. Third, we had a seminar earlier and in the seminar there was a talk about the new strain of dysentery.

NOUM LAO: What is the cause of the new strain of dysentery?

Dr Phonthep: The health problem arises because we have not followed the "three clean" sanitation principles well enough, especially sanitary practices in eating and drinking. There are many kinds of bacteria in the winter, and the ["lotawilui"] kind can cause the dysentery. This disease was discovered in Australia in 1973, and 50 percent of dysentery cases occur in children.

NOUM LAO: Can you explain clearly what the unsanitary eating and drinking practices are?

Dr Phonthep: Unsanitary practices include eating unclean food that contains diseases from the intestinal tract. The disease can get into food by flies or by touching it without washing the hands first. The disease can be caused by eating and drinking unclean food and water.

NOUM LAO: How can the disease be treated?

Dr Phonthep: If treatment is not given in time and properly, the patient will die in a few days. Before discussing the treatment, I would like to talk about the actual situation brought about by dysentery. When bacteria from the intestinal tract enter the body, the child will have diarrhea and at the same time he will throw up frighteningly. These symptoms cause the child to lose water along with electrolyte, such as sodium, potassium, and chlorine and bicarbonate (HCO_3).

Death in children is caused by the loss of fluid and electrolyte from the body. Therefore, the primary treatment is to replace the fluids and electrolyte lost.

The old-fashioned way of using medicine which is followed by our people and our doctors is a mistake.

The traditional treatment should be to let a child drink a mixture of salt and water, for example, 1 liter of water mixed with 2 pinches of salt and 2 handfuls of sugar. If there is no sugar, use 2 cakes of cane sugar, green coconut juice, juice from ripe bananas, or crushed sugar cane. One thing we should know is to let the child continue breast feeding and eating soft food, such as boiled rice with beef broth, and avoid pickled and spicy hot food. Otherwise, the child would be really weak, lack resistance, and suffer malnutrition.

As for medicine, there is none that can kill the bacteria. Antibiotics such as "tifo" should not be used because they harm intestinal resistant agents, and bone marrow, and it is dangerous for blood cell production. Tetracycline damages intestinal resistant agents, and causes bones to be brittle. Neomycin damages the small intestine and keeps it from absorbing any food, and poisons the kidneys. Opium used to stop bowel movement (alexia medicine, etc) can endanger the life of a dysenteric child. These medicines should not be given unless in the case of certain diseases when they can be given by a doctor for a special purpose.

NOUM LAO: If that is so, what are the ways to prevent the disease?

Dr Phonthep: We must observe the "three clean" sanitation principles well with children, especially in eating and drinking. Let them drink boiled water, and wash their hands before touching and eating food. Wash the breasts and nipples very well. Give the children warm fresh food, and keep the food from infestation.

Researchers are looking to find a way to produce an injection to be used against this desease, which may be available in the future.

9884
CSO: 5400/6511

BRIEFS

NEW STRAIN OF DYSENTERY TREATED--(Kh. P. L.) Early this year dysentery was found to occur among small children in Vientiane City and Province. This strain was different from the dysentery found earlier, and the treatment that was used in the past was not effective. Doctors then did some research, and with knowledge, capability, and high responsibility the revolutionary doctors were able to find this disease and a way to treat it effectively. In January 1982 the Mahasot Hospital was able to treat and save 300 children from this disease. According to Dr Phonthep Phonsena, Chief of Pediatrics at Mahasot Hospital, following the treatment our doctors were able to collect information and come up with an effective technique for treating the disease which best guarantees saving patients' lives. One thing we should apy more attention to is that whenever we see children or adults with dysentery symptoms, we should immediately send them to the hospital, otherwise the patients' lives could be in immediate danger. To prevent this disease it is important to maintain sanitary living and eating habits, and avoid raw food which is dirty and infested with flies. What we should keep in mind is that because the dysentery patients have diarrhea and lose a great deal of body fluids, the traditional treatment is to have the patient drink water mixed with salt and sugar in a mixture of 1 liter of water to 2 pinches of salt and 2 [handfuls] of sugar. If no sugar is available then cane sugar or fresh sugar cane juice can be used. Let the child continue nursing, and drink juice from boiled rice and juice from boiled meat. Pickled and spicy food should not be eaten. [Text] [Vientiane KHAOSAN PATHET LAO in Lao 17 Feb 82 p A5] 9884

CSO: 5400/5611

[Question] How do you obtain the technical work force in the field of health?

[Answer] Prior to 1974, or more precisely, up until the end of 1973, the method followed was to negotiate contracts individually with doctors and technicians. This was done by providing applicants with application forms which were then reviewed with the purpose of selecting the appropriate applicant for the desired specialty. But at the beginning of 1974 we found that this method was too slow, since it involved the customary correspondence, entry visas and travel tickets. It was difficult to obtain specialists in the number and of the caliber required. So we started with a new procedure to obtain a complete series of doctors and specialists to run the modern hospitals, which number 11 altogether. We concluded an agreement with a team from Yugoslavia that meets our standards. This team is running the following hospitals:

(1) al-Zawiyah

(2) Darnah

(3) Zuwarah

(4) Misratah

Second: After that a contract was signed with the Bulgarians for acquiring teams of complete proficiency for the running of the following hospitals:

(1) Ajdabiya

(2) al-Khums

(3) division of pre-mature births (and stunted growth) in the pediatrics hospital in Tripoli.

Third: We have concluded an agreement with Hungary to obtain a complete team for operating the hospital at Tajura' and running the maternity, pediatrics, and artificial kidney wards.

We have also made a deal with Bulgaria for teams to run the hospitals at Sabha and Tarhunah and two communal clinics at Abu-Sulaym and Ghawt al-Sha''al. We have also contracted with them for a team of specialists to run the clinics at Al-Khums and Ajdabiya.

We have contracted with Poland for the operation of the hospital at Zulaytin.

Dr Turaysh added: Since we don't have enough specialists, we have contracted with the Czechs to run the clinic at Misratah. There had been a contract with Yugoslavia for this purpose, but they never executed their part of the deal.

The Czechs are also running the communal clinic at Quriji.

Since the Yugoslavs didn't fulfill their commitment to supply us with the required elements that we requested of them, we substituted them with elements from Poland. They are used to run the communal clinic at Darnah. A short time after this it was confirmed to us that the Yugoslav elements would not continue to be working with us. So se found it necessary to do without them and substitute them with other foreign elements. Therefore we obtained teams from Poland to run the hospitals at Darnah, Tobruk, al-Zawiyah, and Surt, and the artificial kidney unit at Misratah.

We also acquired complete teams to work at hospitals in:

(1) Ghadamis

(2) Nalut

(3) Jada

(4) Murzuq

(5) Awbari

9945
CSO: 5400/5013

BRIEFS

SARAWAK CHOLERA CASES--Two more cholera cases and 18 carriers were confirmed in Sarawak today. This brings the total number of confirmed cases to 25 with one death and that of carriers to 65 since the outbreak of the disease in the state this year. One of the latest cases is a 46-year old woman from Dalat in Sibu. The case is the first report from the area. [Kuala Lumpur International Service in English 1130 GMT 24 May 82]

CSO: 5400/5643

BRIEFS

DYSENTERY IN MALDIVES--An epidemic of dysentery which has spread in Male threatens the lives of people. It has affected about 14 Islands according to the Voice of Maldives. The MInister of Health Mr. Mohamed Mustafa Hussain has appealed to the public to support the programme to control the epidemic by chlorination of water and taking care of personal hygiene. It is understood that children are most susceptible to this infection and it is reliably understood by the Medical sources that the death toll has exeeded 100. [Text] [Colombo THE ISLAND in English 14 Jun 82 p 3]

CSO: 5400/5648

BRIEFS

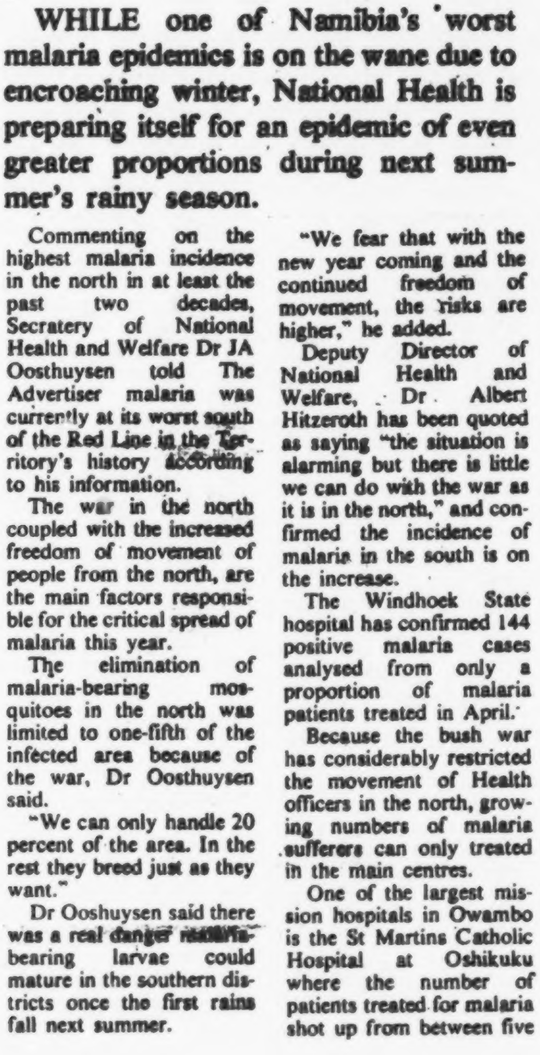
DENGUE FEVER BLOCKADE--Mexico City, 23 Jun (AFP)--It was reported here today that the Mexican Health and Assistance Secretariat has imposed a health cordon at the southern border to prevent the entry of hemorrhagic dengue fever, which has been detected in Belize and Guatemala. The secretariat has deployed 362 inspectors in the states of Quintana Roo, Chiapas, Yucatan, and Campeche. Within 2 to 8 weeks, the experts hope to control the possible transmission of dengue fever, an epidemic disease produced by a virus which develops in the blood and the spinal fluid. It is transmitted by a mosquito. The Health and Assistance Secretariat has ordered the application of 28,500 liters of malathion at 96-percent strength, 157,000 kg of larvicide, and 35,000 kg of DDT powder at 75 percent, in the 635 homes located in 7,451 manzanas in these states. [all figures as received] It was also reported that during the duration of the health cordon, there will be strict surveillance of all persons crossing the border from Guatemala and Belize. Other measures include the study of patients suffering from the fever and the establishment of epidemic vigilance measures for early clinical diagnosis in health centers. [Text] [PA321900 Paris AFP in Spanish 1559 GMT 23 Jun 82]

CSO: 5400/2176

MALARIA REACHING ALARMING PROPORTIONS IN NORTH

Windhoek THE WINDHOEK ADVERTISER in English 9 Jun 82 pp 1-2

[Text]



WHILE one of Namibia's worst malaria epidemics is on the wane due to encroaching winter, National Health is preparing itself for an epidemic of even greater proportions during next summer's rainy season.

Commenting on the highest malaria incidence in the north in at least the past two decades, Secratery of National Health and Welfare Dr JA Oosthuysen told The Advertiser malaria was currently at its worst south of the Red Line in the Territory's history according to his information.

The war in the north coupled with the increased freedom of movement of people from the north, are the main factors responsible for the critical spread of malaria this year.

The elimination of malaria-bearing mosquitoes in the north was limited to one-fifth of the infected area because of the war, Dr Oosthuysen said.

"We can only handle 20 percent of the area. In the rest they breed just as they want."

Dr Ooshuysen said there was a real danger malaria-bearing larvae could mature in the southern districts once the first rains fall next summer.

"We fear that with the new year coming and the continued freedom of movement, the risks are higher," he added.

Deputy Director of National Health and Welfare, Dr Albert Hitzeroth has been quoted as saying "the situation is alarming but there is little we can do with the war as it is in the north," and confirmed the incidence of malaria in the south is on the increase.

The Windhoek State hospital has confirmed 144 positive malaria cases analysed from only a proportion of malaria patients treated in April.

Because the bush war has considerably restricted the movement of Health officers in the north, growing numbers of malaria sufferers can only treated in the main centres.

One of the largest mission hospitals in Owambo is the St Martins Catholic Hospital at Oshikuku where the number of patients treated for malaria shot up from between five and 35 per month in 1980 to 2 505 in April this year. In one week alone in April 930 cases were treated, official figures state.

According to Dr Hitzeroth, Government clinics and hospitals reported 250 laboratory-tested cases in Owambo last year, which jumped to 204 in March and close to 400 in April this year alone.

REGULAR

Until 1966 when the Health authorities took control measures in Owambo and Kanvango where disease is endemic, malaria epidemics were a regular feature.

Largescale blood tests in the two regions showed an incidence of roughly 27 percent in Kavango and 16 percent in the drier Owambo that year.

After four years, only some three or four percent of the Kavango people suffered from malaria and the official incidence in Owambo was given as zero.

The intensified war brought attacks against inoculation teams from the Health Department, against a background of increasing malaria brought from Angola by thousands of refugees entering Owambo, however.

Dr Hitzeroth said medical teams had to use military protection of which there was a shortage, and the local population became scared to come foreward for treatment.

A further problem has arisen, in that the northern population has become more prone to malaria infection because the control measures over the years has lowered their resistance to the disease.

In the short term therefore, the incidence will be naturally higher, until the general level of immunity is raised by renewed preventative measures.

CSO: 5400/5641

BRIEFS

MALARIA PATIENTS INCREASING--Janakpurdham, June 12--The number of malaria patients are reported to be increasing in Janakpurdham and northern Dhanusha, reports RSS. The number of malaria patients at Janakpurdham at present is eslimated at 12 whereas their number in northern Dhanusha including Tintale, Chisapani, Sakhubani, Madhubasa, Bishrampur Chargharlya, Jarayotar and Kebalpur village panchayat is put at 247. According to the local office of Nepal Malaria Eradication Association, the number of malaria patients in Dhanusha district has reached 544 over the last five months. Bulk of the malaria patients happened to be children and women. No death from the disease was recorded during that period, it is learnt. [Text] [Kathmandu THE RISING NEPAL in English 13 Jun 82 p 4]

ENCEPHALITIS DEATH REPORTED--Kalaiya, June 6--Ram Chandra Tharu, 30, of Pipara village of Tetariya village panchayat died of encephalitis at Kalaiya Hospital, it was learnt from the hospital, reports RSS. Mr. Tharu died within three hours of admission at the hospital. [Text] [Kathmandu THE RISING NEPAL in English 7 Jun 82 p 6]

CSO: 5400/5640

GOVERNMENT, VOLUNTARY EFFORTS AGAINST TUBERCULOSIS SAID TO BE INADEQUATE

Islamabad THE MUSLIM in English 22 Jun 82 p 5

[Article by Rahimullah]

[Text]

ISLAMABAD

Pakistan's health planners are worried about the ineffectiveness of its anti-tuberculosis programme.

From the President down to the lowest rung of health officials, everybody is harping on the same tune: coordinate efforts of all agencies concerned and integrate programmes. But enthusiasm peters out on the implementation stage, which in turn, is described as highly unsatisfactory.

Officials admit that Pakistan has fairly lagged behind in its fight against TB even compared with other developing countries. Tuberculosis control is described as "mid-way through," which probably means a 50 per cent success.

A preventable and curable disease, TB remains a major killer in Pakistan. It is still the fourth major health problem and about half the country's 80 million Pakistanis are feared infected with TB.

To date, only two national TB prevalence surveys have been made. The first was conducted in 1960-62, the second in 1974-77. The latest survey showed that 1.9 per cent of the population suffered from TB. Only in one age group, the 5-9, was a decrease from 23 per cent to 13 per cent recorded. Adult groups have the same level of infection two decades earlier.

Both surveys showed that 7 out of 10 Pakistanis, at 20 years old and above, are already infected with TB, some of them becoming infections cases in five years. Clearly, the national TB control programme drawn up in 1965 has failed to make much headway. Critics say the national programme was haphazardly planned and badly organised. For instance, while TB control was initially planned in four phases, lack of progress in the first phase disillusioned all involved.

BCG vaccination, the main weapon currently used in preventing the disease, covered 34 million people in the last 30 years. Critics say the figure is not impressive enough. Among the country's 33 million children, for instance, yearly BCG vaccination covers only one million At this rate, critics say it will be impossible to reach the desired target of vaccinating 70-90 per cent of the people.

Training of medical manpower, which was zealously undertaken in the last decade, is now a forgotten affair. The programme still drags on but without proper supervision. Doctors are reluctant to become TB control officers, calling the position "unattractive."

Even doctors and health planners are unable to agree on the most effective and economical method of new case-finding – a controversy over the years. An elite group of the National Tuberculosis Association, called the Chest Specialists. Panel, advocates mass miniature radiography (MMR) for early case finding. Its supporters say many more cases could be detected at the shortest possible time by using MMR.

However, critics say it is expensive, needing frequent repairs and an additional vehicle to transport the instrument. They believe TB could not be identified with certainty through X-rays. They point out that the World Health Organisation (WHO) recommends sputum-smear microscopy for case finding.

Sputum-smear microscopy involves the collection of sputum from suspected patients, smearing it with chemicals, and culturing it in a laboratory where TB infections are detected by the microscope. It is described as the quickest and the cheapest method, although sputum culture also requires trained technicians and special laboratories. MMR, on the other hand, is costly and requires specialist interpretation, besides giving wrong conclusions in certain cases.

Another major impediment is lack of funds. Money is needed to set up dispensaries, pay health care personnel and, above all, to buy drugs. Deployment of meagre funds available is also a problem, more so in a country where priorities are not fixed and corruption is deeply rooted, even in the health services.

Presently, there are 108 chest clinics and 4,500 hospital beds for TB patients. This includes six sanatoria, built in hills and city outskirts with better surroundings and clean air. Although some places places still lack TB clinics, all major general hospitals now have TB wards.

However, the quality of services at the sanatoria has hopelessly deteriorated, due mainly to lack of specialists and funds. Hospital beds are often vacant, because of misconception that hospitalisation, special diet and complete rest offer no advantage, nor do they shorten the duration of treatment. In fact, considerable psychological advantages are attributed to home treatment in familiar surroundings, besides being less expensive. Thus, the sanatoria keep losing patients and their earlier importance.

If the TB control programme were to be effectively integrated into the general health services, it could count on the available facilities of 548 hospitals, 715 maternal and child health clinics, 137 rural health centres, along with 369 sub-centres and 3,000 dispensaries.

However, despite the large number and diversity of these health outlets, their role in the TB control programme is doubtful. Integration remains a mere wish. District health officers complain they are so busy with a host of responsibilities that they could not devote any time to the anti-TB campaign. As reporting of fresh cases in the district and basic work is the responsibility of the overburdened district health officers, the programme is grounded before the take-off. There is also hardly any coordination even among various concerned departments.

Compared to inadequate government effort, the voluntary agencies have fared no better, except making their presence felt with occasional lashes in the press. Too many tuberculosis seminars and conferences are held, where planners and doctors share the limelight and pharmaceutical firms display their new products. Recommendations, too, keep coming in, often depicting different viewpoints.

However, nobody bothers to throw light on the implementation aspects of tuberculosis control. "Better not touch the weakest link" seems to be the general consensus.

A national tuberculosis association, with branches in almost all the districts, is running 35 chest clinics. Majority of these centres are under-staffed and need to be developed properly. The association, run by doctors and social workers, nevertheless keeps the issue alive through its off and on "national conferences." Its office-bearers, strangely enough, never change and the same faces replace each other in the coveted positions year after year.

Recommendations regarding tuberculosis control are aplenty. Almost all of them stress health education, increased BCG vaccination, free treatment of patients, availability of locally-manufactured cheap drugs, proper training of doctors and technicians and incentives for serving in remote areas. Almost everyone involved with tuberculosis control is convinced that health education plays a significant role.

Lack of health education gives rise to the misconception that TB is not a disease but a social stigma. It is stressed that at least half the fight against TB – starting from case-finding right down to the last does – could be fought and won with one single weapon: health education.

One WHO expert, who has stayed for a long time in Pakistan, noticed the prejudice against giving sputum for examination. He traces this to lack of health education, saying the public aversion to sputum tests is one of the greatest snags in TB control.

Public response to TB control has certainly improved. Now more Pakistanis are aware of the dangers of TB. It is a dreaded disease today, striking mostly the poor and leaving scars of its ravages for many years. And Pakistan badly needs a shot in the arm for a more effective control of tuberculosis. *–Depthnews Science.*

CSO: 5400/5650

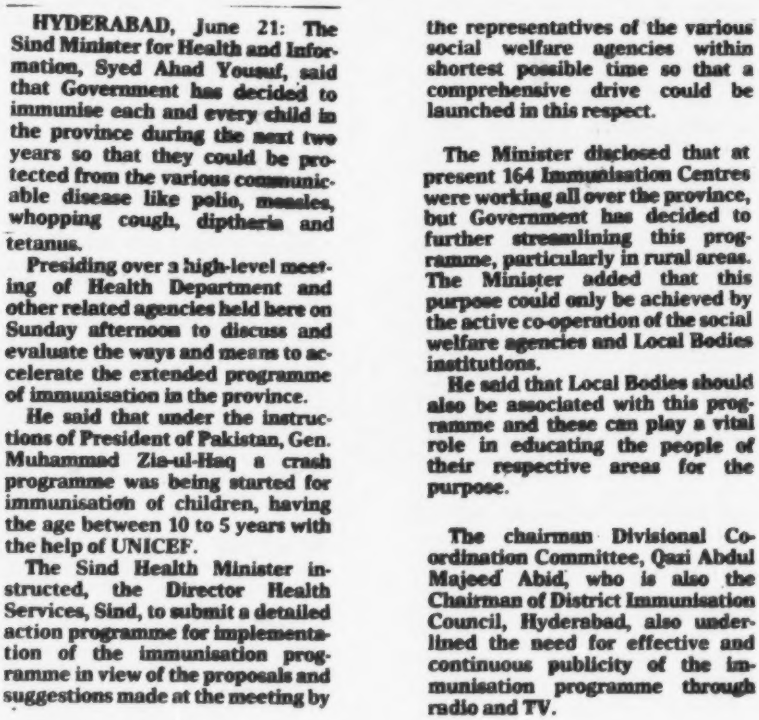
PAKISTAN

COMPREHENSIVE IMMUNIZATION PLANNED

Karachi DAWN in English 22 Jun 82 p 4

[Article by Asad Yosuf]

[Text]



HYDERABAD, June 21: The Sind Minister for Health and Information, Syed Ahad Yousuf, said that Government has decided to immunise each and every child in the province during the next two years so that they could be protected from the various communicable disease like polio, measles, whopping cough, diptheria and tetanus.

Presiding over a high-level meeting of Health Department and other related agencies held here on Sunday afternoon to discuss and evaluate the ways and means to accelerate the extended programme of immunisation in the province.

He said that under the instructions of President of Pakistan, Gen. Muhammad Zia-ul-Haq a crash programme was being started for immunisation of children, having the age between 10 to 5 years with the help of UNICEF.

The Sind Health Minister instructed, the Director Health Services, Sind, to submit a detailed action programme for implementation of the immunisation programme in view of the proposals and suggestions made at the meeting by the representatives of the various social welfare agencies within shortest possible time so that a comprehensive drive could be launched in this respect.

The Minister disclosed that at present 164 Immunisation Centres were working all over the province, but Government has decided to further streamlining this programme, particularly in rural areas. The Minister added that this purpose could only be achieved by the active co-operation of the social welfare agencies and Local Bodies institutions.

He said that Local Bodies should also be associated with this programme and these can play a vital role in educating the people of their respective areas for the purpose.

The chairman Divisional Coordination Committee, Qazi Abdul Majeed Abid, who is also the Chairman of District Immunisation Council, Hyderabad, also underlined the need for effective and continuous publicity of the immunisation programme through radio and TV.

CSO: 5400/5650

NATIONWIDE MEASLES IMMUNIZATION DRIVE SET

Manila BULLETIN TODAY in English 9 Jun 82 pp 1, 14

[Text] The Ministry of Health (MOH) will launch a nationwide program of immunization for children against measles to avert any epidemic of the disease during the rainy months.

According to the MOH disease intelligence center, 113 cases were reported last week at the San Lazaro Hospital, which is much higher than the five-year median of 71.

The target of the immunization program will be children between nine and 14 months who have not had any history of measles.

Some 35 per cent of the infant population in areas with health centers will be covered initially. The program will be expanded after six months to cover 70 per cent.

The bureau of health services of the MOH has included measles immunization as part of the expanded program on immunization against communicable diseases such as diphtheria, pertussis, tetanus, tuberculosis, and poliomyelitis.

Measles is considered one of the most common viral diseases in the country with 23,478 cases and 934 deaths in 1980.

Clinical observations show that measles infection can lead to complications such as bronchopneumonia and encephalitis, two leading causes of infant deaths.

Measles ranks seventh as a cause of morbidity and ninth as a cause of infant deaths.

The disease, DIC reports further revealed, is almost confined to infants and children, with 95.7 per cent of cases and 98.9 per cent of deaths in the age group below four years old.

The highest morbidity rate is among those under one year, with a rate of 286.6 per 100,000 population.

CSO: 5400/5640

WORLD BANK GRANTS FUNDS FOR HEALTH CENTERS

Manila PHILIPPINES DAILY EXPRESS in English 15 Jun 82 p 2

[Text] **THE WORLD BANK** will release P35 million for the simultaneous construction of 345 health centers scheduled to start this month to boost the country's primary health care program, Health Minister Jesus Azurin said yesterday.

The amount is part of the $22-million WB loan intended for the nationwide implementation of the PHC program. A total of 75 main health centers and 915 barrio health centers will be built in key areas within a 5-year period under the civil works component of the loan.

* * *

AZURIN said the bank, however, turned down a ministry proposal to reduce the civil works component which comprises 55 percent of the entire loan in favor of actual PHC implementation through community organization.

Instead, he said, the Bank suggested granting another loan to finance PHC implementation. The loan, he said, allots a meager sum of $3 million of the $22 million for this component.

"Our hope of getting funding for PHC from this source (World Bank) has not materialized," he said. "We have to get funding from existing budgetary appropriations and adjusting existing programs."

* * *

AZURIN said there is no allocation for PHC in the ministry's budget so that the ministry has already been forced among other things, to cut down on office and field supplies, travelling expenses, and to use a portion of the loan's allotment intended for management, training, information, education, and communication components.

The $22-million PHC loan is part of a $40 million loan package to finance the PHC and family planning programs of the government for five years which began last year.

CSO: 5400/5648

RESPIRATORY CASES RISE IN METRO MANILA

Manila PHILIPPINES DAILY EXPRESS in English 9 Jun 82 p 3

[Text] **THE MINISTRY** of Health advised yesterday the public to take safeguards against respiratory diseases after it noted a slight increase of their occurrence in Metro Manila, particularly among children.

The ministry said the prevalence of respiratory diseases was due to the sudden change of weather.

The Disease Intelligence Center said the three common respiratory diseases are diarrhea, typhoid fever and diphtheria.

* * *

DIARRHEA cases increased slightly the past week. Cases totalled 115, or seven more from the previous week's 108. Diptheria also rose from 23 to 28 cases while typhoid fever increased to 19 cases as against last week's 17 based on admission at the San Lazaro General Hospital.

Of the 115 diarrhea cases, 104 were registered in Metro Manila while 11 were in neighboring areas. But the DIC said incidence remained way below the five-year median of 227.

All but one of the 19 typhoid fever cases came from Manila. The figure is higher than the five-year median of nine Also, diptheria cases are over the five-year median of 21.

The weekly report noted decreases in the occurrence of measles, which went down from 127 to 113, while H-fever also dropped from 13 to only nine.

Measles remained much higher than the five-year mark of 71 and H-fever, five more in the median mark of four.

CSO: 5400/5640

SADF PURCHASES NEW DRUG TO KILL BILHARZIA WORM

Johannesburg RAND DAILY MAIL in English 2 Jun 82 p 3

[Article by Ada Stuijt]

[Text]

A MAJOR step towards eradicating bilharzia is being claimed by tropical disease experts all over Africa.

This follows field tests of a new drug, Biltricide, which was recently registered with the Medicines Control Council in Pretoria.

The SA Defence Force was the first to snap it up, even before it became available on the open market, to treat soldiers returning with the parasite from counter-insurgency border excursions.

However, a South African medical expert in tropical diseases warned that one drug could never completely eradicate bilharzia — although Biltricide represented a major advance, he said.

While Biltricide's results were good news for all one-time bilharzia sufferers, such as whites taking part in water sports for instance — it was a different story for rural blacks.

"Bilharzia can only be beaten permanently if the entire population of South Africa has permanent access to chlorinated water supplies," he said.

Three million people, 95% of them rural blacks, suffer from the bilharzia parasite in the North-Eastern Transvaal, Natal and the Eastern Cape — and millions more run the daily risk of getting it because they only have access to bilharzia-infested water, a Department of Health and Welfare spokesman said yesterday.

Until recently, treatment against bilharzia was an often dangerous business.

Patients had to be treated with drugs which often were so toxic that they could only be given under close supervision in hospitals.

The new drug, Biltricide, cannot kill the eggs which cause so much human agony, but it is an important major advance because only one oral dosage kills the (egg-laying) worms without dangerous side-effects to the patient.

The eggs laid by the bilharzia worm, a tenacious parasite, often cause a lifetime of agonising liver, bladder and even brain diseases and is the result of a vicious link between the human host, filthy water and certain kinds of snails.

Once a female and male adult worm are nestled together inside their human host, they produce 3 000 eggs each day — and these eggs cause vicious infections in vital organs.

"We are delighted with our field tests on Biltricide," the doctor said yesterday.

"However, until all rural blacks have regular and routine access to reticulated water supplies, bilharzia will not be eradicated completely, even with this very promising new drug."

CSO: 5400/5647

BRIEFS

MALARIA, FILARIA ON COAST--The increasing mosquito population has become a menace to the residents of Chilaw. Of late the situation assumed alarming proportions as most of the surface drains are not flushed while cess pits and stagnant pools have become ideal breeding ground for these vicious insects. Malaria which was almost eradictated from the town sometime ago is rearing it s ugly head once more while filaria--a new threat--has also began to spread in the town. As in the past there is no spraying of D.D.T. or Malathion by the local U.C. authorities or by any public health personnel. [Text] [Colombo THE ISLAND in English 4 Jun 82 p 3]

CSO: 5400/5648

WARNING GIVEN ON FOOT-AND-MOUTH DISEASE

Rangoon THE WORKING PEOPLE'S DAILY in English 6 Jun 82 p 4

[Editorial]

[Text]

FOOT-and-mouth disease is a dreaded virus infection that affects millions of animals world-wide every year. It causes blisters on the mouth, on the nose and on the top of the hoofs of cattle, swine, goats and sheep. It is highly contagious and affects the fertility of cows thus posing a serious threat to the drive for increasing the domestic cattle population. It is capable of exacting a high toll of draught and meat cattle as well as other hoofed animals costing huge sums of money to the cultivators and livestock farmers.

This country saw the worst outbreak of foot-and-mouth disease in 1978-79 when more than 88,000 head of cattle were affected. That year it spread through all States and Divisions with the exception of only Tenasserim Division. In the succeeding years the incidence was about 25,000 cases every year. The equivalent in lost working hours of the animal force and the shortfall in meat production caused by the disease would have been enormous sums of money suffered by our cultivators and livestock breeders.

The Veterinary and Animal Husbandry Department has come up with a timely warning on the possible outbreak of the disease on an epidemic scale this year again and offered a series of measures for containing the epidemic and minimizing its impact on our cattle population. As sporadic outbreaks have been detected in Pyu Township of Pegu Division, Lewe Township of Mandalay Division, Htantabin and Twante Townships of Rangoon Division, and Mingin Township of Sagaing Division earlier this year, the VAHD advises the farmers against releasing the affected cattle on the pastures, and to confine them to usual enclosures which are to be properly disinfected. The warning also provides tips for attending to the sick animals.

Out of 25.49 million acres of cultivated land in 1981-82, only 2.42 million acres were tilled by tractors while the remainder, more than 23 million acres, were tilled by 2.98 million yokes of draught cattle. There were more than eight million cows and nearly two million water buffalos in addition to 830,000 goats and sheep and 2.1 million pigs at the same time. Animals are therefore our principal work force on the farms and the source of meat supply. The farmers and the State, co-operative and private livestock breeders should pay close attention to the VAHD warning and take preventive measures diligently with the help of the Party organs and People's Councils to minimize the chances of loss of their animals to the foot-and-mouth epidemic and avert setbacks to their economic ventures.

CSO: 5400/5640

BRIEFS

FOOT-AND-MOUTH DISEASE IN VIENTIANE--Starting in the middle of February the veterinarian unit of Sisattanak District, Vientiane City and Province, has carefully treated and given shots for protection against disease to animals owned by the people in various production bases. At the present time they have been able to treat over 50 very sick animals, mostly with hoof and mouth disease. These include 30 buffalos and over 20 oxen and pigs. The injections were given to over 480 oxen and buffalos and a number of other kinds of domestic animals. The district veterinarians are now actively continuing their treatment and injections against diseases for domestic animals. [Text] [Vientiane SIANG PASASON in Lao 6 Mar 82 p 1] 9884

CSO: 5400/5611

SOFALA ESTABLISHES PROGRAM AGAINST SLEEPING SICKNESS

Beira DIARIO DE MOCAMBIQUE in Portuguese 28 May 82 p 3

[Excerpt] An extensive program against trypanosomiasis [sleeping sickness] is being established in some districts of Sofala Province as a means of eliminating one of the diseases which affect livestock in this area of the country. In a joint effort between the Veterinary Laboratory in Sofala and the local cattle enterprise, the program against this disease is to be carried out in the Caia, Buzi and Nhamalanda districts, where laboratory investigations carried out for 3 years have made possible the detection of this and other diseases.

"Inoculation based on the knowledge of each region's epizootic conditions," said Dr Sos Postoin, head of the Provincial Veterinary Laboratory in Sofala, referring to the importance of this work, "make it possible to save foreign exchange and efficiently organize available human and technical resources."

Annual Program

Combating sleeping sickness in Sofala is a part of a more extensive plan for improving livestock herds. For this purpose, they have established an annual-pilot program which they have distributed to stockraising units, where they have established the chemical-prophylactic period (vaccinations) and preliminary treatment of infected animals, as well as preventive measures to be taken according to conditions in each zone.

In statements to DIARIO DE MOZAMBIQUE Sos Postoin explained that this is an experimental program; its results will make it possible to apply it in other Mozambican regions so that sleeping sickness does not cause increased economic losses to the country, through the animals' loss of vitality and subsequent death.

In this context, the Veterinary Laboratory in Sofala has divided the affected zones according to their level of infestation. For highly infected zones, they have recommended three inoculations per year. In the others, only two are to be given.

8870
CSO: 5400/5633

BRIEFS

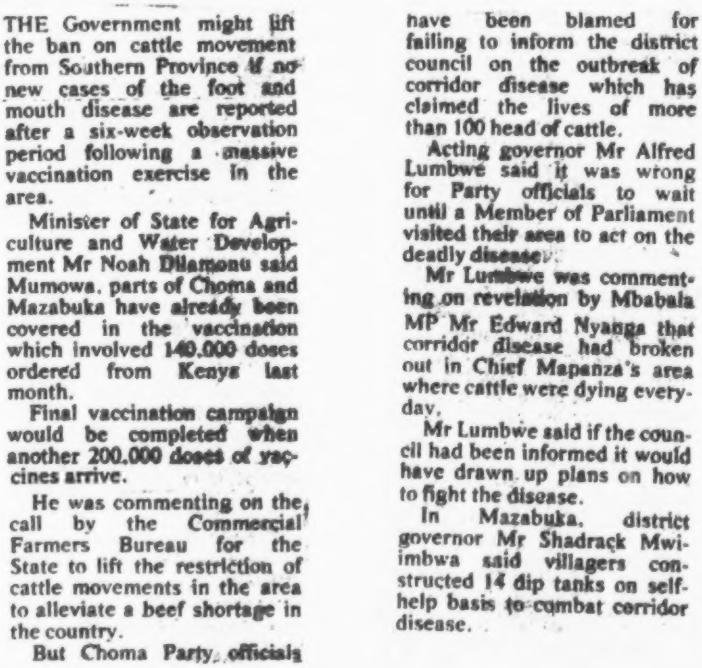
FOOT-AND-MOUTH OUTBREAK--An outbreak of infectious foot-and-mouth disease around (Alamor), Ecuador, which borders San Jacinto district, Tumbes Department, has mobilized the members of the Regional Agricultural Board to prevent the spread of the disease among the country's cattle. [Lima Radio Union in Spanish 1130 GMT 22 Jun 82 PY]

CSO: 5400/2176

MEASURES AGAINST FOOT-AND-MOUTH, CORRIDOR DISEASE NOTED

Lusaka TIMES OF ZAMIBA in English 9 Jun 82 p 5

[Text]



THE Government might lift the ban on cattle movement from Southern Province if no new cases of the foot and mouth disease are reported after a six-week observation period following a massive vaccination exercise in the area.

Minister of State for Agriculture and Water Development Mr Noah Dilamonu said Mumowa, parts of Choma and Mazabuka have already been covered in the vaccination which involved 140.000 doses ordered from Kenya last month.

Final vaccination campaign would be completed when another 200.000 doses of vaccines arrive.

He was commenting on the call by the Commercial Farmers Bureau for the State to lift the restriction of cattle movements in the area to alleviate a beef shortage in the country.

But Choma Party officials have been blamed for failing to inform the district council on the outbreak of corridor disease which has claimed the lives of more than 100 head of cattle.

Acting governor Mr Alfred Lumbwe said it was wrong for Party officials to wait until a Member of Parliament visited their area to act on the deadly disease.

Mr Lumbwe was commenting on revelation by Mbabala MP Mr Edward Nyanga that corridor disease had broken out in Chief Mapanza's area where cattle were dying everyday.

Mr Lumbwe said if the council had been informed it would have drawn up plans on how to fight the disease.

In Mazabuka, district governor Mr Shadrack Mwiimbwa said villagers constructed 14 dip tanks on self-help basis to combat corridor disease.

CSO: 5400/5638

BRIEFS

ARRIVAL OF RABIES VACCINE--Meanwhile, about 100,000 doses of rabies vaccines ordered by the Department of Veterinary and Tsetse Control from France have arrived in the country. [Text] [Lusaka TIMES OF ZAMBIA in English 9 Jun 82 p 5]

CSO: 5400/5638

PROLIFERATION OF HARMFUL MOTHS REPORTED

Abidjan FRATERNITE-MATIN in French 19 Apr 82 pp 20-21

[Interview with Paul Cochereau, research director at ORSTOM (Overseas Scientific and Technical Research Office), by Hoppe Benoit Honest; date and place not specified]

[Text] The Center department--particularly Bouake and Yamoussoukro--has experienced a very disturbing and disagreeable swarming of noctuids, a sort of black moth with speckled wings. This marked noctuid swarming brought on the temporary closing of the girls' high school and some commercial establishments in Yamoussoukro. In Bouake, they have invaded all rooms, sometimes even causing work stoppages in some services. One wonders therefore about the causes of this **pullulation, the nature of these moths, their frequency of** recurrence, the dangers they may present, and the means that must be used to combat them. To obtain precise answers to all these questions, we turned to an entomologist, in this case Paul Cochereau, research director at ORSTOM [Overseas Scientific and Technical Research Office]. We also questioned local farmers to give us their views.

Question: Mr Cochereau, you are an entomologist, head of research at ORSTOM. You have had to study the life and reproduction of fruit piercing moths and their commensals, as well as several other species. Can you explain to us this **marked pullulation** of the moths in our area? Does it present a danger?

Cochereau: I must tell you first of all that these noctuids or moths **currently pullulating in the** Center department and even in many places in national territory do not represent any great danger. In the present case, we are dealing with two species of noctuids, which are the following: Achaea Lienardi and Achaea Ophismoides; the male and the female have very dissimilar wing markings. These moths swarm at regular intervals. In Bouake in 1977 a **pullulation was** observed that was no doubt less considerable than in 1982. Between these two dates, these moths have not attracted attention. The causes of **this pullulation?** It seems to be brought on by special climatic conditions (for example, a severe drought followed by early heavy rains or mango rains.) The very polyphagous larvae develop in large numbers on savanna plants like acacias, numerous spurges. These plants are completely defoliated. Moreover, it is interesting that observers of these concentrations of larvae in the bush are able to bring them to the attention of specialists in time.

Question: How do you explain the proliferation in such great numbers of these larvae in certain years?

P. Cochereau: It may be supposed that the natural enemies of these species were subject to unfavorable climatic conditions, and these allowed for the survival of a large number of moth larvae. It is known that the natural enemies of these moths are, for example, birds which eat their larvae, other insects which develop in the eggs or larvae of the moth, diseases (bacilli, viruses). Swarming occurs when a female's laying (e.g. 400 eggs) gives birth to more than one female in the following generation.

If this laying of 400 eggs produces two females, the population doubles. If one supposes that there are as many males as females, then in that case one will have two surviving females and males, i.e., out of the 400 eggs, 396 eggs will not have produced moths at the end of the development of the species. So the enemies of the eggs destroy a large number of eggs, then the enemies of the larvae (wasps, praying mantises, spiders, etc.) another segment, and finally the enemies of the chrysalids destroy the rest. Despite this very substantial mortality rate, the moth population will nevertheless double. In the present case, one may conjecture that the population has been multiplied by 100 in a single generation, i.e., only 200 out of 400 eggs have not produced moths.

Question: We are talking about Lepidoptera with perforative proboscises; I would like to specify the following Ophidera: Othreis Fullonia, Othreis Materna and Eumaen. Do you think these noctuids are all crop destroyers?

P. Cochereau: In the course of our nature studies, we have observed many other noctuids on various types of fruit, mainly organes, mandarins and guavas. However, it is necessary at this point to make some reservations on the ability some of them may have to pierce the skin of the fruit as as to feed on their juice. As a matter of fact, it seems clear that not all are capable of such an achievement; nevertheless, as commensals, they take advantage of the holes already made by the primary crops destroyers and introduce their proboscises into the openings made by the latter. In this respect, they participate secondarily in the depredations on fruit since they feed on their juice, but they are also vehicles, agents of fruit decay.

As primary crop destroyers with respect to their ability to pierce the thick, resistant skin of many fruit varieties, like that of plums or melons, two related species that must be placed on the same level as Othreis Fullonia must be mentioned: Othreis Materna L. and Eumaenas Salaminia Cramer. Then there is a second group of species that could be capable of piercing the relatively nonresistant skin of various other types of fruit, such as guavas, tomatoes, mangoes. Nevertheless, they can also be found on plums as secondary destroyers, coming after the Othreis and Eumaenas, i.e., they take advantage of the holes already made by these species in the oranges to draw off their food.

Question: Are these noctuids responsible for fruit decay, and how?

P. Cochereau: As primary destroyers, yes, because they pierce the fruit to such the juice, and the others, as secondary destroyers, take advantage of these perforations to feed themselves and in this way to transmit the fungus saprophyte Osphora Citri Aurantii Ferraris, which, moreover, is the cause of decay in fruit pierced by Othreis.

Question: So it can be maintained that these noctuids now swarming in our area are all vehicles for these fungi, agents of fruit decay?

P. Cochereau: Undoubtedly.

Question: In your view, what are the primary climatological reasons for the swarming of Othreis Fullonia? Give us a biological understanding of these destroyers and their presence in West Africa, and finally a succinct insight on this species.

Cochereau: The primary climatological reasons of swarming? I must say that the larvae of these destroyers develop on arborescent Leguminosae of the Erythrina variety, planted in large numbers to shade the coffee shrubs. Moreover, it has been observed that Othreis Fullonia is attracted in large numbers by electric lights. Othreis Fullonia is seen to be one of the most proliferous moths piercing plums, cashew nuts, mangoes, etc. Othreis Fullonia is also one of the most proliferous fruit piercing moths. An Othreis female can produce 300 eggs at her first laying and generations develop in 35 to 40 days. It must be pointed out that in black Africa, not far from us even, in Ghana , researchers had detected several species of fruit piercing moths, of which about 100 have been identified. These researchers had also succeeded in identifying more than 132 host plants representing 31 botanical families.

Question: Do these butterflies present a very significant economic problem because of the ability they have in the adult state to pierce the skin of the most diverse types of fruit and to feed on their juice? And also because their very polyphagous larvae defoliate plants? What has been considered for warding off the danger? Why do these noctuids migrate?

P Cochereau: As a matter of fact, these depredators are considered to be very harmful to fruit plantations because of the ability they have in the adult state to pierce the skin of the most diverse types of fruit and to feed on the their juice, as you say. Besides, these species are subject to sudden swarmings and seem to be characterized by large-scale migrations whose goal is the search for their food. As regards Othreis Fullonia, for example, and the various other species of these moths that pierce fruit or are agents transmitting decay-inducing fungi in fruit, researchers have already taken note of this problem and various measures have been taken to keep these depredators in check. Moreover, it must be noted that significant studies have been conducted by these researchers to deal with the danger. For example, in Sierra-Leone 46 species of these harmful moths have been catalogued, and in Ghana, 115 species have been catalogued, and in Nigeria 24 species.

Question: In Africa, which is the most significant species of these moths? Could you also tell us which species are frequently found on fruit?

P. Cochereau: Othreis is the most significant genus of these depredators in black Africa, as is Achaea and above all the Catocaloides Gn species. However, mention must be made of the following species which are frequently found on fruit: Anua, Serrodes, Anomis, Dermaleipa, Hypocals, Sphingomorpha, and Tolna. These numerous species of moth are found in various areas of the world, not only in Africa but also in other continents. As primary destroyers with respect to their ability to pierce the thick, resistant skin of many types of fruit, the following species must be mentioned and placed on a par with Othreis Fullonia: Othreis Materna and Eumaenas Salaminia Gramer.

Question: It is said that Achaia Catocoloide is a not insignificant species. What do you think?

P. Cochereau: Yes, indeed. In Uganda, attention has been called to the fierce onslaught of severe swarmings of Achaea Catocoloides. The same phenomenon occurred in Zaire. Achaea Catocoloides is one of the most significant citrus fruit destroying moths in West Africa, and particularly in Sierra-Leone. Moreover, it must be noted that this species produces two generations a year (May and June) while the larvae populations develop on the regrowth of Euphorbiaceae and Linaceae.

Question: Could you discuss with us the biology of the population fluctuations of this species and their larvae.

P. Cochereau: The hatching of the young larva occurs 2 or 3 days after the egg is laid. The development of the larva takes 18 to 20 days; pupation lasts 7 to 8 days and the maturation period of the female moth 4 to 5 days. The life span of these noctuids varies according to the species: 1 day, 15 days, 3 months. The larvae of these noctuids (Achaea, Lienardi, Achaea Ophismoides, Othreis Achaea Catacoloides Fullonia, and many other species as well) are polyphagous and are very destructive to crops. They develop on arborescent Leguminosae above all. In general terms, it must be said that it is the moths themselves that are harmful.

Question: It is known that these moths have, in fact, a hard and rigid proboscis, capable of piercing the skin of the most diverse types of fruit. Explain to us how these destroyers operate.

P. Cochereau: The moth sinks its proboscis into the fruit, sucks out the juice, and the hole from this puncture constitutes a way of entry for numerous saprophyte fungi, one of which is Oospora Citri Aurantii Ferraris, which rapidly brings about the decay and fall of the fruit. Thus oranges, mandarins, guavas, pineapples, papayas, custard apples, tomatoes, bananas, coffee berries, all succulent fruit in general, are pierced during the night particularly by the Othreis, and generally speaking by all these primary noctuid destroyers.

Question: In conclusion, what should be kept in mind?

P Cochereau: In conclusion, it must be kept in mind that these noctuids are harmful because of their larvae which develop at the expense of the vegetal or reproductive system of cultivated plants. They are also harmful as commensals, primary destroyers piercing fruits to such the juice, and the others as secondary destroyers which take advantage of these perforations made in the fruit to feed themselves and in this way to transmit the fungus saprophyte Oosphora Citri Aurantii Ferraris, which is the cause of decay in pierced fruit.

This was the information we obtained from Pierre Cochereau, entomologist, head of research at ORSTOM, about noctuids (night moths) which are now swarming in our country. We also questioned the local farmers who are familier with the life, frequency of recurrence and the various harmful species of moth. All of them told us that these noctuids swarm in our area nearly every 5 years, that they are frequently to be found in smaller numbers, a fact that draws no attention whatever except when swarming occurrs. Whatever their number, each year they herald the beginning of the crops. As soon as they appear, it is time to go to the fields.

9824
CSO: 5400/5990

RICE BUG INFESTS PALAWAN FIELDS

Manila PHILIPPINES DAILY EXPRESS in English 9 Jun 82 p 3

[Text] **SOME 750** hectares of rice lands in seven Palawan towns have been infested with rice black bug since last month, according to the Bureau of Plant Industry.

On account of the infestation, BPI Director Domingo Panganiban said rice production in the province is projected to decrease by 30 percent against the last harvest season's yield.

However, Panganiban said the decrease in the palay output will not affect the rice supply in the province as Palawan has enough stocks to fill the needs of the people in the area.

He has directed some BPI personnel to spray pesticides in the affected areas to control the spread of the rice black bug.

In addition, Panganiban has assigned two quarantine officials in Brooke's Point and Puerto Princesa ports to prevent the transfer or the carrying of Palawan rice plants to other provinces.

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EARLIER, Agriculture Minister Arturo Tanco Jr. declared the Palawan group of islands under quarantine to check the spread of the bug.

Tanco also banned "the movement, transfer or carrying of rice plants and other plants belonging to family graminae and other known host plants from the islands," including Cagayan de Tawi-Tawi.

* * *

THE MINISTRY of agriculture banned yesterday the entry into the Philippines of coconuts and mangoes infested with crop diseases.

Tanco said that the importation of coconuts from certain Caribbean and West African nations has been prohibited due to the occurrence in these countries of a lethal yellowing disease.

The coconut malady causes the yellowing and shedding off of the leaves, premature nutfall and eventual rotting of the tree.

The countries include Jamaica, Dominican Republic, Haiti, Cuba, Florida, Cameroon, Togo and Ghana.

Tanco also banned the importation of mangoes from India, Pakistan, Bangladesh and Egypt, where two mango diseases – mango malformation or bunchy-top disease, and mango woody gall and scaly bark disease have been reported.

CSO: 5400/5640

SOCORRO WILT PLAGUES MINDORO COCONUTS

Manila PHILIPPINES DAILY EXPRESS IN English 17 Jun 82 p 2

[Text] **THE PHILIPPINE** Coconut Authority said yesterday it will send a team to Oriental Mindoro Saturday to verify the extent of damage of the Socorro Wilt disease plaguing coconuts there.

The PCA said the move will clear conflicting reports of damaged portions of the province.

The PCA earlier said it has the disease "under control" in one portion of the province, Socorro, from which the disease derives its name

However, the latest report from the Ministry of Agriculture said that the wilt has spread even to Mindoro's neighbors, Palawan and Cebu.

* * *

THIS has prompted the MA to declare a "coconut blockade" in the area Previous to this, the MA also quarantined Mindoro Oriental and Occidental, and prevented the coconut palms from being brought out of the provinces.

The PCA reported that about 6,000 palms have been destroyed by the wilt. The figures may have gone higher however, the MA said.

Both agencies agreed that there has yet to be found an effective way of controlling the disease, whose cause up to the present is still undetermined.

* * *

THE PCA said that the disease was first reported in the early 1960s by natives of Socorro. The wilt generally affects trees below 25 years old, and kills them within four to six months

The wilt is characterizes by the drying of the leaves, from the oldest to the youngest foliage, premature nutfall, and rotting of the roots.

As an immediate measure, the PCA has burned all trees affected to prevent the spread.

CSO: 5400/5648

BRIEFS

SOCORRO WILT IN CEBU, PALAWAN--A mysterious plant disease which has devastated coconut crops on Mindoro island has spread to two other islands, agriculture officials said. A Ministry of Agriculture spokesman said research teams have been sent to the islands of Cebu and Palawan following the discovery of the disease in local coconut plantations. The movement of coconut products from all three islands has been banned, officials said. The disease, called Soccoro Wilt, kills a coconut tree in just a few days. There are an estimated 1.5 million coconut trees on Mindoro, which produced $3.2 million worth of copra last year. [Text] [Manila PHILIPPINES DAILY EXPRESS in English 21 Jun 82 p 26]

CSO: 5400/5648

END

JPRS 81356

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Worldwide Report

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INCREASE IN LEPTOSPIROSIS FOUND AMONG DAIRY FARMERS

Melbourne THE AGE in English 22 May 82 p 13

[Article by Carol Sides]

[Text] Modern milking sheds are fine for cows, but researchers are questioning how good they are for farmers.

Industry sources are alarmed at the increasing incidence of the disease leptospirosis, commonly known at lepto, among dairy farmers.

Limited research suggests that the risk of infection is greater in the modern herringbone sheds than in the more traditional walk-through milking sheds. In the herringbone shed farmers work in a well beneath the cow and can contract the disease through the cows' urine if it penetrates the lining of the eye, mouth, nose or a scratch to the skin.

Symptoms in humans are a 7-10 day fever, severe headaches, sore muscles and discomfort from bright light. Severe cases may cause vomiting, abdominal pain or jaundice.

The Victorian Department of Agriculture advised all dairy farmers to vaccinate their cattle against the disease. Unfortunately, farmers may also contract lepto from their cattle and there is no known vaccine for them.

The administrative director of United Dairyfarmers of Victoria, Mr Terry O'Callaghan, said yesterday lepto disease had already reached "epidemic proportions" in New Zealand. The UDV was concerned about incidence of the disease in Victoria and trying to make farmers aware of the risks.

Mr O'Callaghan said farmers were more likely to be exposed to lepto disease in the new herringbone milking shed because they had to work in a well below the cow. "As a result they are more likely to contract the splash of the cows' urine," he said. "Previously the urin splashed on to their gumboots."

Herringbone sheds were used by more than 60 per cent of Victorian dairy farmers.

He said there were no precise figures on the incidence of lepto disease in farmers because it was difficult for doctors to diagnose from the symptoms alone. Blood tests were the most effective means of identification.

Mr O'Callaghan said dairy farmers would ask the State Government to look for a vaccine for humans. The annual conference of the UDV in Melbourne next month was expected to call formerly for further action.

A Kyabram general practitioner has conducted a pilot test on blood samples from about 60 dairy farmers, but is still waiting for the results.

The GP said there was no evidence that leptospira survived in milk, or that it could be transmitted to man by infected milk.

CSO: 5400/7563

AUSTRALIA

LAX QUARANTINE IN PNG POSES DISEASE THREAT TO NORTH

Brisbane THE COURIER-MAIL in English 28 May 82 p 8

[Text] **TORRES STRAIT Islanders and north Queenslanders were at risk because of inadequate quarantine services to prevent South-East Asian diseases entering from Papua New Guinea, the Opposition Leader, Mr Casey, said yesterday.**

At the end of a four-day fact finding tour of the Torres Strait region, Mr Casey said that last year a number of cases of a particularly virulent and dangerous form of malaria were reported in the Torres Strait.

Two victims were at present being treated in Thursday Island Hospital.

Mr Casey said the increasing movement of people between islands had increased the quarantine risk. Customs quarantine staff did their utmost but there were too few of them and their resources were inadequate.

"It is imperative that more be done to protect the people, livestock and agricultural industries from the ravages of serious diseases," Mr Casey said.

In Brisbane last night, the Aboriginal Affairs Minister, Mr Tomkins, said Mr Casey was "being fed lots of hogwash" during the so-called fact finding mission.

"As a consequence he is making statements which have little basis in truth and virtually no credibility with the people generally," Mr Tomkins said.

Mr Casey had said that the health of some islanders was in jeopardy because of inadequate medical services and a limited range of food, some of which had passed the expiry date.

Mr Tomkins said that in cases where food dates had expired, the problem was industrial.

"Time and again supply boats, loaded and ready to put to sea, are delayed by industrial action, often over the most trivial matters," he said.

CSO: 5440/7565

AUSTRALIA

SPENDING FOR PERTH 'OUTFALL' PIPELINE AT RECORD LEVEL

Perth THE WEST AUSTRALIAN in English 28 Jun 82 p 4

[Article by Mark Skulley]

[Text]

ABOUT $49 million will be spent to build the Point Peron outfall pipeline which will cut the discharge of nutrients into Cockburn Sound.

Spending on the pipeline will make it the biggest single project undertaken by the Metropolitan Water Board.

Details of the MWB's estimated expenditure of $453 million (in 1982 prices) on Perth's water, sewerage and drainage services over the next five years were released yesterday.

The MWB's five-year development plan says that the outfall pipe is the best way of reducing undesirable nutrients being discharged into Cockburn Sound from its Woodman Point plant.

The plan said that the MWB's revenue needs per service would stabilise and decline in the latter part of the five-year period after a slight early rise.

The MWB's chairman, Mr Alton Batty, said that this would be a general trend which would follow through to water rates. However, it did not account for inflation.

The plan says it will be some time before options to the present system of rating by valuation can be introduced.

The expenditure is aimed at meeting growth in demand, improving existing services, replacing worn-out facilities and minimising environmental damage.

The plans shows that the biggest amount spent by the MWB will be on sewerage ($266 million), water ($109 million), drainage ($20 million), and common services ($57 million).

Reduction

It says that a reduction in the planned rate of development of additional water sources such as dams, and ground-water schemes in the previous plan will continue over the next five years.

This was because of an increased awareness not to waste water since the late 1970s. The number of customers having private wells for garden irrigation had doubled between 1977 and 1979.

The report predicts that it would cost $1000 million to service the estimated 100,000 residential units in the metropolitan area that are not now sewered.

It says that sewerage facilities in new subdivisions will not be installed at public cost.

On average, restraints on water use would be applied one year in every 10, with severe restrictions being applied on an average of one in every 20 years.

CSO: 5400/7565

BRIEFS

MALARIA WARNING--State health authorities were warned yesterday of a significant incidence of malaria in Australia, with 500 cases reported in 1981. The Minister for Education, Seantor Baume, representing the Minister for Health, Mr Carlton, produced a table in the Senate showing that all cases had been contracted overseas--mainly in the Solomon Islands. Replying to the Government Whip, Senator Kilgariff (NT), Senator Baume said the 1981 total was down slightly on the previous year, but represented a significant incidence of malaria, which is not endemic to Australia. Senator Baume said the drop in numbers did not necessarily indicate a trend, and the Health Department had yet to complete a detailed analysis of the origin of the cases. While most cases had arrived from the Solomons, a few--less than in 1980--had come from South-East Asia, and some from Africa and Central America. "There are public health implications in the number of cases coming from the Pacific basin," Senator Baume said. "I believe State and territory health authorities will want to look at their role in taking responsibility for the treatment of these cases." [Text] [Canberra THE AUSTRALIAN in English 21 May 82 p 12]

HERBICIDE ISSUE--The Perth City Council has deferred a $6500 purchase of herbicide after a complaint that its use led to the illness of a woman and a child. Cr John Bissett (Carlisle) moved to defer the bulk purchase of weed-control herbicide for spraying on the council's parks and verges. He said yesterday that a woman and a small child had become sick last year after eating vegetables contaminated by council-sprayed herbicide. The vegetables had been cut from a front garden, and has withered and died the following day. About 20 people had also complained that their lawns had been affected after road verges were sprayed in Carlisle. Couch grass in some lawns had died and not regrown for up to five months. Cr Bissett said he wanted the council to be extra cautious about herbicide. He would prefer to see weeds than have his three little children pick up dangerous toxins either through the air or through their skin as they ran around barefoot. The chairman of the council's general purposes committee, Cr Joan Watters, agreed to have the herbicide analysed in the interests of safety. The committee had recommended buying the herbicide. [Text] [Perth THE WEST AUSTRALIAN in English 26 May 82 p 26]

DOCTORS TO MIDDLE EAST--AUSTRALIAN doctors and nurses are moving to hospitals in the Middle East at the rate of 12 a month, with many more likely to be recruited by the end of the year, according to an American-based medical recruitment organisation. The WhittakerInternational Services group is looking for 7500 doctors and nurses to staff two new hospitals in the Middle East. The group's president, Mr Curt Gielow, arried in Sydney yesterday to launch a major recruitment drive and to meet the Federal Minister for Health, Mr Carlton, and department officials in Canberra next week. Mr Gielow said Middle Eastern countries were looking increasingly to Australia and New Zealand for medical staff. Australians already working at hospitals in the Middle East were highly successful. [Text] [Canberra THE AUSTRALIAN in English 31 May 82 p 3]

CSO: 5400/7565

MINISTRY ACTS TO COMBAT TYPHOID EPIDEMIC

GF281045 Manama GULF DAILY NEWS in English 28 Jun 82 p 1

[Article by Soman Baby]

[Text] A typhoid epidemic is sweeping Bahrain. The ministry of health has mobilised all its forces to combat the disease, and an isolation ward has been opened in As-Salmaniyyah Hospital to treat all suspected cases.

Already 104 cases have been reported, most of them in the past three weeks--compared with a total of 157 cases last year and 290 in 1980

Unlike in 1980, when green salad was established as the source of typhoid, health officials suspect this year's outbreak as a waterborn epidemic as in 1975 and 1978.

But the public are warned not to eat locally made ice creams.

All affected areas are being provided with chlorinated water and an all-out effort is being made to check water contamination, unhygienic sanitation and rubbish disposal.

Dr Ibrahim Ya'Qub, assistant under secretary for preventive and primary health care, said more than 80,000 pupils, food handlers and other people had been vaccinated against the disease.

"We don't want people to relax after a mass vaccination. Practising of strict personal hygiene is the most important way to check the outbreak," he said.

People should wash fresh fruit and vegetables thoroughly, boil any water that could be contaminated before drinking it.

Villages between Jidd Hafs and Al-Budayy' have been found to be the most affected area.

Dr Ya'Qub cited four reasons for the present outbreak: influx of imigrant workers to the island from highly endemic areas; returning of travellers to the country, from endemic areas; increasing number of food establishments serving the public; lack of chlorinated water for all the population.

CSO: 5400/4726

LEPTOSPIROSIS CASES INCREASE: WAR DECLARED ON RATS

Report of Deaths

Bridgetown ADVOCATE-NEWS in English 8 Jun 82 p 1

[Excerpts] Barbadians are becoming concerned about the increased cases of leptospirosis in the island.

Reports from the Ministry of Health state that up to May 22 this year, there were 25 cases reported for the year and two deaths has resulted.

Dr. Vaughn Wells, Senior Medical Health Officer (Environmental), said yesterday that there has been an on-going rodent control campaign in the island to make people more aware of the dreaded disease, carried mainly by rats.

He has again warned the public to cover garbage with tight-fitting lids and not to strew garbage on the roadside.

He said too that people who kept animals and poultry are also encouraged to store the feed in a place where the rats cannot get at it.

This also, he added, is good advice for people who keep horses as well as manufacturers of feed.

Dr. Wells also warned that people who do gardening without gloves, might get a scratch, and if the soil had been urinated on by an infected rat, that is another way of catching the disease.

He also warned that all fresh vegetables should be thoroughly washed before they are eaten.

Campaign Against Rats

Bridgetown THE NATION in English 10 Jun 82 p 1

[Text] War is to be declared soon on Barbados' estimated one million rats.

The Ministry of Health plans to introduce a special campaign to eradicate the rodent population, according to Minister of Health, L. B. Brathwaite, when he toured the Oldbury dump in St. Philip, yesterday morning.

This programme will start in the agricultural districts where rats are most prolific, and will be implemented in stages, the minister said.

Brathwaite noted that such a programme would be very expensive, and Government might have to seek external funding for the project.

He added that the ministry could initially start with $200 000, but costs could run up to the figure of $1 million.

External funding for such a project could come from the Pan American Health Organisation (PAHO), and the minister said he intended taking up the matter with PAHO at its next meeting of directors, or with their local representative.

Brathwaite pointed out that the problem of leptospirosis would always come about during the rainy season. And, in a situation where there were large acres of cane left standing, there would be cause for concern, he added.

Rats, the minister said, thrived in such conditions, since they were prolific breeders.

"The Ministry of Health is doing all that is possible to cut down on illnesses in this country brought about by animals," he continued.

He noted that Barbados had a high reputation where health standards were concerned, and stressed that his ministry would maintain such standards.

The minister urged Barbadians to be more conscious of where they dump their garbage, noting that indiscriminate disposal of refuge was a serious problem.

He advised them to put out their garbage only at the times stipulated by the Sanitation Service Authority (SSA).

Brathwaite said that persons only became concerned with diseases like leptospirosis and polio when they heard of outbreaks in other countries.

He added that Barbados was relatively free of such diseases, and the Ministry of Health intended to see that this situation was maintained.

Refuse Crackdown Plans

Bridgetown THE NATION in English 10 Jun 82 p 1

[Text] New regulations governing the disposal of garbage will soon be introduced by the Ministry of Health in Barbados.

This was disclosed by Minister of Health, L.B. Brathwaite, while touring the Oldbury dump in St. Philip.

Laws will be effected on garbage disposal trucks to ensure they are adequately covered when transporting garbage, the minister pointed out.

Brathwaite also said laws to curb the littering of Transport Board buses would soon come into being.

He noted that the indiscriminate dumping of garbage by persons was a cause for concern, and he urged them to be more careful when disposing of refuse.

His tour of the dumping site reassured him that adequate health precautions were being taken by the Sanitation Service Authority to effectively control the breeding of rats and flies, the minister stated.

CSO: 5400/7564

BRIEFS

CONCERN OVER POLIO--The president of the Regional Medical Association of the National District manifested his concern over the incidence of polio cases among the population. Dr Alejandro Pichardo Pantaleon said that the disease causes greater concern in proportion to the Public Health Service's refusal to acknowledge the actual existence of a polio epidemic. He pointed out that with each day there is an increase in the number of cases of children who are afflicted with the disease and who are sent to the Robert Reid Cabral Hospital. Pichardo Pantaleon remarked that six cases reported in the past 4 days lead to the conclusion that vaccinations must center on children 3 years old and younger and asked that the health department intensify to the utmost its vaccination and treatment campaigns. [Text] [Santo Domingo LISTIN DIARIO in Spanish 27 Jun 82 p 13] 8255

CSO: 5400/2179

BRIEFS

UDAIPUR JAUNDICE EPIDEMIC--JAIPUR, June 9--A catastrophic epidemic of jaundice has broken out in the City of Lakes, thanks to the supply of badly-polluted water to the people of Udaipur by the Public Health Engineering Department, local Municipality and the Urban improvement Trust. The city of Udaipur gets drinking water supply from Fateh Sagar and Pichola Lake. While both the water sources are not properly cleared by the PHED, the drainage water from the surrounding localities falling into the Fateh Sagar has been contaminating the drinking water. Not only this but one could see that the local washermen have made the Fateh Sagar nothing less than a 'dhobi ghat'--but none is there to check. And there are the local Municipality and the Urban Improvement Trust to transfer the sewerage water into the drink water pipe lines. [Text] [New Delhi PATRIOT in English 10 Jun 82 p 4]

MYSTERIOUS DISEASE KILLS 99--New Delhi, Tuesday. A mystery mosquito-born disease has killed 99 people in the Jalpaiguri district of India's West Bengal state over the past three months, the Press Trust of India (PTI) reported today. State Health Minister Nani Bhattacharya told reporters in Calcutta that the district was being sprayed with insecticide to kill the mosquitos and stop the epidemic. A report on the nature of the killer disease was being studied by the state Health Ministry, PTI said. PTI quoted officials as saying that a total of 1,512 people had been stricken by the disease.--(Reuter) [Text] [Colombo DAILY NEWS in English 30 Jun 82 p 10]

CSO: 5400/5699

BRIEFS

ELIMINATION OF YAWS--Banda Aceh, 25 Jun (ANTARA)--Yaws is expected to be eliminated from Indonesian soil at the end of the Third Five-Year Plan (in 1984), even if the contagious skin disease may still be prevalent in several parts of the country. The prediction was made by Dr Burhanuddin Jusuf, head of the Aceh health service contagious diseases eradication section, in a talk with ANTARA here Thursday [24 June]. In most of Aceh, the disease has disappeared, but it is still in evidence in several districts along the coast and in mountain areas, especially in such parts where the sense for sanitary living is low, he said. Burhanuddin called on the public to immediately report the incidence of yaws to the nearest public health clinic to help the government in bringing closer the day when the disease can be declared eradicated in the country. [Jakarta ANTARA in English 0746 GMT 2 Jun 82 BK]

CSO: 5400/5665

FIFTY CASES OF POLIO REPORTED; SECOND PHASE OF IMMUNIZATION BEGINS

Kingston THE DAILY GLEANER in English 19 Jun 82 p 1

[Text] Fifty cases of poliomyelitis, nine of which originated outside St. James, have been identified by the Ministry of Health.

A Ministry statement yesterday said that the Epidemiology Department had been clinically assessing and investigating the patients' travel and residential history. Of the 50 cases identified, research had so far shown that all but nine had originated in St. James.

Twelve cases have been transferred to the Mona Rehabilitation Centre where arrangements are in place for the fitting of calipers, splints and braces where necessary. The Ministry reported that three cases which required respiratory intervention had been accommodated at the University Hospital.

Emphasis from now until the commencement of the second phase of the immunisation campaign in July will be on the rehabilitation of the clinically-identified cases. To this end, the Ministry had involved Professor John Golding and the Mona Rehabilitation Centre and had prepared orthopaedic care for the patients.

The Ministry is urging the public to continue to be vigilant, to co-operate in maintaining the highest level of cleanliness and to follow the health guidelines given. It said that those in the targeted age group, 30 years and under, particularly those under 15 years, who had not yet been immunised, should see to this now.

Once a person had been exposed to the virus, it took up to 14 to 35 days for the final manifestation of the symptoms; and therefore, even after the first cycle of immunisation, it was still likely for cases to show themselves, the Ministry said.

CSO: 5400/7566

RESULTS OF PUBLIC HEALTH WORK NOTED

BK110953 Phnom Penh Domestic Service in Cambodian 1100 GMT 10 Jun 82

["Kampuchea" editorial: "Increase the Efficiency of the Public Health Service for the Benefit of the People"--date not given]

[Summary] Since human beings are the most valuable capital of a country, each state's social system can be judged from the care it provides in this regard.

In the veudalist societies of the Sihanouk and Lon Nol regime, medicine was seen as a careet, not as a service. Thus, both the doctors and the medical centers were concentrated only in big towns and the patients had to pay for their treatment. Workers, peasants and poor people in towns and the countryside led a miserable life with no doctors or medicine. In the Pol Pot era, doctors were absolutely ignorant in providing medical treatment and care to the patients. The duty of doctors in this era was to watch the patients and bury the corpses. They killed almost all the doctors from the previous societies.

"Contrary to these dark eras, our proletarian state power has paid particular attention to public health." There have been great changes in medical care and the health service. We have set up public health networks that provide free medical treatment and care. Unlike the old regimes, our public health service stresses prevention rather than cure. "So far, despite shortages of everything from material to personnel and although we have had to face many urgent problems vital to our country, our state power has succeeded in developing the public health service step by step. Thanks to the sense of mastery, creativeness and perseverence of our health personnel at all levels and sincere, firsthand aid from the Vietnamese, Soviet and other socialist friends as well as international humanitarian and progressive organizations throughout the world, we were able to pass the difficult situation in 1979--the bad consequences left behind by the 5-year U.S. war and the insane democratic Kampuchean regime which was in power for almost 4 years."

At present, we have set up health networks from the central down to commune levels. Aside from the efforts of local health personnel, our mobile medical teams have carried out regular campaigns to eradicate diseases in localities, thus successfully reducing a number of epidemic diseases such as malaria, cholera and typhoid fever, that used to threaten our peasants in the countryside. "So far, Prey Veng, Kandal and Takeo Provinces have been successful in eradicating malaria and cholera thanks to harmonious cooperation between the central mobile teams and the provincial, district and commune health service. Kompong Chhnang, Kompong Speu, Takeo and Kompong Thom Provinces have creatively produced indigenous medicine that can cure illness." Sending medical students to help the provincial and district hospitals has helped both these future doctors who can witness the condition of society and the symptoms of illness and the provinces and districts which will benefit from new ideas and techniques. However, we still have many tasks to be fulfilled in accordance with the guidelines of the Fourth Party Congress and the third session of the Party Central Committee, namely, stimulating the sanitation campaign, expanding medical care and training health personnel at all levels in medical practices and ethics. The sanitation campaign in the current rainy season is our most urgent and necessary task. This must be carried out together with efforts to increase the efficiency of the local health service aiming at preventing various diseases from spreading. To fulfill this campaign of promoting local sanitation, all the health networks, officials' mass organizations, core units and party members must cooperate in carrying out this campaign by building one model village after another as we did in the past and advising the people to live and eat hygienically. "The most effective way is to introduce the health ministry's health advices and articles into the curriculum of literacy classes, schools and other education. The first to set an example in this campaign are the party members, core members, cadres, officials at all levels and of all sectors and militarymen who should first keep their localities clean and hygienic." It is also necessary to provide both technical knowledge and ethics to our health personnel since these two things are inseparable. Attention should be given to those local cadres who have served the people and enjoy the support of the masses. Avoid those persons who behave badly toward patients, cheat and neglect their duties. In some treatment, we should use indigenous medicine which is readily available and does not have bad side effects as some modern medicines do.

We must pay particular attention to public health work because health is related to living conditions in general. Aside from the good living conditions in villages, communes, towns and cities, we must also provide good surroundings for workers in factories. Only by so doing can we realize the slogan: prevention is better than cure.

Each of us is duty-bound to stay healthy and contribute to strengthening the health of everyone in society. Cadres and personnel in charge of the health service should make every effort to effectively carry out the public health line of our party and state.

CSO: 5400/5662

KAMPUCHEA

BRIEFS

CAMPAIGN AGAINST MALARIA--Phnom Penh, 11 Jun (SPK)--Following the downfall of the Pol Pot gang, 83 percent of the country where lived 2,609,000 inhabitants was plagued by malaria as a result of the gang's forced evacuation of the cities. In Svay Rieng Province 70,000 persons were affected by malaria. Cases of this pernicious fever were frequent in Pursat and Preah Vihear Provinces. At present there are 1,400 health workers specialized in antimalaria operations in Kampuchea. The antimalaria networks have been extended into communes and the remotest regions. Two hundred health workers are being trained at the health ministry to fight malaria. The health ministry plans to completely eliminate malaria by the year 2,000 and to distribute DDT twice a year in the malaria-stricken regions for 4 years running. Mobile antimalaria groups in cooperation with local medical workers have given medical care to the population and distributed DDT powder in the Chup, Ta Pav, Thmar Pich and other rubber plantations in Kompong Cham Province and in regions of Battambang, Siem Reap, Pursat and Kompong Chhnang Provinces. They have studied blood samples of more than 13,500 persons and introduced the population to curative and preventive measures. [Text] [Phnom Penh SPK in French 1426 GMT 11 Jun 82 BK]

CSO: 5400/5662

BRIEFS

VIENTIANE ANTI-MALARIA EQUIPMENT--On 27 April 1982 the public health service of Vientiane Province brought medicine along with vehicles to be used in a specialized task operation to be given officially to the Phon Hong and Keo-Oudom District hospitals, Vientiane Province. The equipment they brought this time was 300 vials of anti-malaria medicine, 6 types of vaccines for diphtheria, tetanus, whooping cough, chicken pox, polio, and TB. In addition, they gave 6 bicycles and 2 refrigerators to the two district hospitals. In making this effort, the provincial public health service encouraged the spraying of insecticide to kill mosquitos on the part of the specialized cadres and the people in every village in a timely fashion. They also provided guidance to medical cadres in those locations concerning the use of the equipment given to them for use in their work of serving the people in a widespread and effective manner. At this time, Phon Hong District has completed spraying in 8 villages and Keo-Oudom District is 50 percent complete. [Text] [Vientiane VIENTIANE MAI in Lao 18 May 82 p 1] 9884

PAKSAN MALARIA OUTBREAK--On 10 May 1982 a Vientiane provincial public health department team led by Dr Thongbai Phimmason encouraged and mobilized medical cadres, doctors and people within Paksan District to spray DDT for malaria control and to control a malaria outbreak among the people in Ban Thouy Canton. The public health department team helped to reassure the people and improve ways for medical cadres to perform their specialized tasks in taking care of patients effectively. Meanwhile, they set up a village malaria control unit. They also inspected and planned repair work within the hospital in order to improve it jointly with the forest region 1 and 3 district administrative authority, the lumber mills, and the district hospital. This was done to work closely with those involved in rebuilding it so that the medical facilities could serve the people on a wider scale. [Text] [Vientiane VIENTIANE MAI in Lao 19 May 82 p 1] 9884

VIENTIANE DISTRICT ANTI-MALARIA CAMPAIGNS--In March 1982 the public health office of Vientiane Province sent anti-malaria medicine to the public health offices of 4 districts subordinate to Vientiane Province, namely Phon Hong, Keo-Oudom, Vang Viang, and Kasi, for the people in each area to prevent and cure malaria. There are reports that public health officers have moved to prevent and control malaria in their districts, and have attentively helped to decrease the illness, especially in Na Mon and Hin Heup Cantons, Ban Somsanouk, and Fheung Subdistrict. At the same time provincial public health officers have also planned a groundbreaking [ceremony] for a new hospital to be constructed in Kasi District. At the present time the basic preparation of the construction equipment for this hospital has been achieved. [Text] [Vientiane VIENTIANE MAI in Lao 12 April 82 p 1] 9884

CHAMPASSAK MALARIA WORK--From the beginning of March to the end of April the Champassak Province Public Health Department malaria office sent malaria control officers with over 2 million tablets of anti-malarial medicine, more than 10 tons of DDT, and a complete set of test and examination equipment for the disease. This office joined with malaria control officers in 10 districts within the province in order to open a malaria control center. During this period they were able to give out anti-malaria medicine to the people, examine blood in order to look for malaria, and spray DDT over houses and ditches. Phon Thong District was taken care of. At the present time the malaria control center is accelerating its operation effectively, and is expected to complete its work in all districts by the beginning of June. [Text] [Vientiane SIANG PASASON in Lao 20 May 82 p 1] 9884

VIENTIANE MALARIA WORK--In order to maintain good health for people of many ethnic groups so they can take part in increasing the yearly rice production at the right time of the growing season this year, starting 2 February to 27 April 1982 malaria control officers of Nasaithong District, Vientiane City and Province, sprayed DDT and distributed anti-malaria medicine to the people in 4 cantons in the mountainous areas, Na Sam, Na Thiam, Nam Sang, and Sakai. When the work was finished 5,552 people had received medicine for preventing malaria. Of this number, 2,800 were men. The malaria control officers continued their operations in each village in order to teach the people the "three clean" sanitation principles, how to control malaria, and also some documents about how to control diseases in the rainy season. A total of 1,260 people attended these talks. [Text] [Vientiane VIENTIANE MAI in Lao 14 May 82 p 1] 9884

CSO: 5400/5612

SARAWAK TRYING TO IDENTIFY CHOLERA CARRIERS

Kuala Lumpur NEW STRAITS TIMES in English 11 Jun 82 p 5

[Text]

KUCHING, Thurs. — At least 60 cholera carriers are believed to be at large in Sarawak despite efforts to check its outbreak in the State.

State Director-General of Medical Services Dr Tan Yaw Kwang in an interview with the NST said this is based on their findings that for every reported case of cholera there are five carriers.

"We are on the alert and are making all efforts to check the spread of cholera. However, it cannot be completely successful unless residents in the affected areas help us by practising better personal hygiene," said Dr Tan.

He pointed out that the situation was made more difficult because it was impossible to detect cholera carriers unless they underwent medical check-ups.

"Carriers have cholera germs but do not suffer the symptoms of the disease. In fact they are like any healthy people."

However, he said carriers may suspect they have the germs by the occurrence of the disease in areas they have visited.

He said that carriers who spread the disease were those who usually went on bajalai (visiting) trips to various kampungs or longhouses. Carriers may suspect they have the germs because the places they visit usually get infected.

Antibiotics

So far five areas have been identified where there is an outbreak — Matu Daro, Binatang, Sarikei, Sibu and Oya Dalat. There have been two deaths out of the 29 reported cases.

The Medical Services have also identified 79 carriers so far.

Dr Tan said measures have been taken to ensure that the outbreak would not be as bad as in 1977 where there were nine deaths out of 240 cases. However, up till now the cholera figures in Sarawak have exceeded those in the four previous years.

In 1978 there was only one reported case, 1979 (three), 1980 (two) and last year 27 cases.

Among some of the measures taken to check the spread of cholera was antibiotic treatment for residents in the affected areas. More than 13,000 people have received treatment in such areas.

He said that as soon as a case was reported, a medical team was sent to the area for immediate treatment to be given.

He added that apart from the short-term measures the Government was spending about $2 million each year to improve sanitation and water supply to areas which are vulnerable to the disease.

Figures show that in 1970 there were 3,529 latrines in the rural areas as compared to the 70,381 at present. The target now is to build between 15,000 and 20,000 each year until 1990 when more than 70 per cent of Sarawak has good sanitation.

CSO: 5400/8425

AVERAGE OF 56 CASES OF DENGUE FEVER PER MONTH

Kuala Lumpur NEW STRAITS TIMES in English 11 Jun 82 p 7

[Text]

KUALA LUMPUR, Thurs. — An average of 56 cases of dengue fever were reported in Peninsular Malaysia each month since the beginning of the year.

Figures released by the Health Ministry today showed there were 283 cases of both dengue haemorrhagic fever and dengue fever during this period, resulting in 13 deaths.

The worst hit States are Johore (76 cases and one death), Selangor (64 cases and four deaths), Federal Territory (60 cases and six deaths) and Perak (33 cases).

Most of the cases were type A dengue fever characterised by very high fever, pain behind the eyes and severe body ache.

Dengue haemorrhagic fever has been confined to the Federal Territory (six cases), Selangor (four cases) and one case each in Johore, Negri Sembilan and Kelantan.

The six deaths in the Federal Territory occurred in Jalan Pekeliling, Gurney Road, Jinjang Utama, Sungei Besi, Jalan Cheras and Setapak.

The four deaths in Selangor were in Selayang Baru, Setapak, Ampang Jaya and Sabak Bernam.

Control

The Director of Health Services, Datuk (Dr) Ezaddin bin Mohamed, said the Ministry had an on-going programme on health education and preventive medicine.

All States had been advised to step up their activities in order to control the disease.

"We certainly want to prevent an epidemic," he said.

Health authorities in the various States would be going around advising people on how to control dengue fever. Discarded tins and motor-car tyres often made excellent breeding grounds for the Aedes mosquite which carried the virus.

Datuk (Dr) Ezaddin called on local councils to ensure that rubbish was collected regularly.

"Local authorities should also make a greater effort to enforce the Destruction of Diseases-Bearing Act 1975," he said.

Most of the cases occurred in urban areas which were under the control of the local authorities and the Ministry had no power to take action in those areas.

He added that the public should also co-operate by ensuring that there was no stagnant water in and around their house. The Aedes mosquito normally bred in clean, clear water and therefore water which was stored should be covered.

CSO: 5400/8425

CHOLERA OUTBREAK SPREADS IN SABAH

Kuala Belait BORNEO BULLETIN in English 19 Jun 82 p 52

[Text]

KOTA KINABALU.—Sabah's cholera outbreak has been marked by the deaths of two-year-old twin brothers — and the appearance of the first cases in the Ranau and Kudat districts.

A Medical Department official in Kota Kinabalu told the Bulletin the twins accompanied six other family members by road from Sandakan, reaching the West Coast town of Beaufort on Monday last week.

The next day, four children from the family were admitted with cholera to the government hospital in Beaufort, with the twins in serious condition.

The official said one of the twins was so badly dehydrated — from the severe vomiting and diarrhoea characteristic of the disease — that he died the same day.

His brother succumbed the following day (June 9) to bring the death toll for the outbreak to seven.

The other two children, however, are said to be recovering while the rest of the family were found to be carriers and isolated for treatment at the same hospital.

The official said: "Our investigations show these cases were already incubating the disease whi staying at Kampung Forestry, Mile Two (kilometre 3.2) Sandakan-Ranau Road, which is an infected area."

The official added that the two deaths are being recorded under Sandakan and Beaufort is still considered cholera-free.

During the week ending last Sunday 14 cases were reported, to bring the total number to 139 since the outbreak began in mid-April.

Ten of the week's cases (including the four admitted to Beaufort hospital) were from Sandakan and two from Kinabatangan.

Ranau and Kudat joined the ranks of cholera-infected districts with one case each.

The Medical Department also reported discovering 30 carriers of the disease through the examination of 508 rectal swabs during the week.

All were from either Sandakan or Kinabatangan.

Hope of an improvement in the cholera situation was provided by the results of analysis of water samples from Sungai Motalid in Kinabatangan and Trusan Sapi and the stream at the Sin Fung estate in Beluran.

The waterways were found to be free of cholera germs after previously having been infected.

◆

Sarawak may have seen an end to its cholera outbreak which began early this year, with no new cases being reported during the second week of the month.

However, the Medical Department says a period of at least two weeks without any new cases is required before the state can be considered free of the disease.

CSO: 5400/8425

BRIEFS

SARAWAK CHOLERA CASES--In Sarawak, another 2 confirmed cases of cholera and 16 carriers were reported in the last 48 hours. This brings the total number of cases to 34 and carriers to 95, the spokesman of the state medical department in Kuching said. The spokesman reminds the people in the affected areas to observe special hygiene to help prevent the spread of the disease. [Kuala Lumpur Domestic Service in English 1130 GMT 23 Jun 82 BK]

CSO: 5400/5665

BRIEFS

DIARRHOEAL DISEASE IN MALDIVES CONTROLLED--The Maldivian Government health authorities have successfully controlled a diarrhoeal disease in the country through timely and effective preventive measures introduced a week ago, a press release of the Maldivian Embassy said. The cases reported to have been infected from the disease were immediately given all the necessary treatment and now recovered. New cases diagnosed are very few and isolated after the control programme started. No deaths have been so far recorded. Everything in the country is normal and the exclusive tourist resorts which are all separate islands as in the country's geographical structure are not at all affected from the diarrhoeal disease, the press release added. [Text] [Colombo THE ISLAND in English 26 Jun 82 p 3]

CSO: 5400/5672

AUTHORITIES ADOPT MEASURES AGAINST POSSIBLE DENGUE EPIDEMIC

Mexico City EL DIA in Spanish 23 Jun 82 p 7

[Text] In view of the danger that the hemorrhagic form of dengue, which has been reported in Belize and Guatemala, might be introduced into our country, with all of the negative effects this would mean for the people, the Secretariat of Health and Assistance (SSA) has adopted all the preventive measures the situation requires. To this end it has assigned 362 experts to the southern frontier of Mexico.

The above information was announced by the secretariat, with the statement that it is expected that within a period of 2 to 8 weeks the experts can block the possible transition of dengue. It is an epidemic illness produced by a virus which develops in the blood and the cephalorhachidian fluid, and is transmitted by a mosquito.

In this connection, the SSA has arranged for the application of 28,500 liters of an insecticide--malathion, at 96 percent; 157,000 kg of a larvicide--Abate, at 1 percent; and 35,000 kg of humidifying DDT powder, at 75 percent, in the states of Quintana Roo, Chiapas, Yucatan and Campeche, in order to wage an effective battle against the Aedes aegypti, which transmits the disease, in the 237,635 homes located in the 7,451 blocks in those states.

Also, the secretariat announced that during the establishment of the sanitary cordon, strict surveillance of those individuals who crossed the frontier coming from Guatemala and Belize will be maintained.

Other measures will include investigation of any feverish or suspicious sick person, the establishment of epidemiological vigilance procedures with a view to early clinical diagnosis in health establishment, the spraying of all vehicles coming from Belize or Guatemala, and the holding of surveys in settlements and towns with various levels of infestation, in order to provide a continuing assessment of the risk of the spread of the disease.

5157
CSO: 5400/2180

BRIEFS

TYPHOID CASES--Tulancingo, Hgo., 5 Jun--The chief of the statistical department of the health center in this city, Lurdes Alburquerque Jimenez announced that eight cases of typhoid were detected today in settlements of the municipality of Agua Blanca, in the Hidalgo mountains. She added that up to now there is no knowledge of any fatalities. She mentioned that this morning a medical team headed by Dr Clemente Padilla Morales, chief of the Coordinated Services of Public Health in Tulancingo went to Agua Blanca to take necessary measures. [Text] [Mexico City EXCELSIOR in Spanish 6 Jun 82 p 42-A] 9678

CSO: 5400/2173

FILIPPINES HEALTH SITUATION SERIOUS

Manila BULLETIN TODAY in English 4 Jul 82 p 40

[Article by Norma Japitana]

[Text]

The Philippines has the highest death rates for TB, schistosiomiasis, polio and rabies. Malaria cases have increased ten-fold and leprosy is on the rise. These alarming facts were bared by Dr. Mita Pardo de Tavera, chairman of AKAP (Alay Kapwa Pangkalusugan), an organization committed to primary health care and TB control.

The main cause of the prevailing situation is poverty. Eighty per cent of the population lack the most basic of human needs. Seven out of 10 Filipinos never see a doctor or nurse from birth to death. This is a sad fact considering that the Philippines is the leading exporter of doctors and nurses to western countries.

"It is not just the bacilli that causes TB," says Dr. Pardo de Tavera. Nutrition and environment has a lot more to do with the control of tuberculosis. The Philippines has the lowest average daily food consumption for Asia. Seventy per cent of the population are malnourished. These figures are from an official report of the Asian Development Bank.

For a country that boasts of about $500 million worth of food exports annually, the statistics become more astonishing.

Because of the poor state of nutrition of expectant mothers, children born from them will also have nutrition problems. Fifty per cent of these babies will die before reaching their teens.

Lack of safe water for 62 per cent of the population and proper sewerage system in 95 per cent account for the high death rate from dysentery and diarrhea.

To this grim picture of health in RP, Dr. de Tavera blames the inequity in the distribution of wealth and also in the distribution of health care. In the rural areas where 70 per cent of the population reside there is only one health person for every 20,000 people. In Mindanao the ratio is one public health physician for every 38,520 population. (Norma Japitana)

CSO: 5400/5672

MEASLES IMMUNIZATION CAMPAIGN LAUNCHED

Manila BULLETIN TODAY in English 3 Jul 82 p 13

[Text]

Children between nine and 14 months old may now be taken to health centers or rural health teams to be immunized against measles for free under the immunization program of the Ministry of Health (MOH).

Fifteen years after the measles virus vaccine had been found safe and effective for Filipino children, the nationwide immunization program was finally launched the other day as a birthday gift to the First Lady, Imelda R. Marcos.

Health Minister Jesus Azurin pledged that the program will be pursued vigorously to eradicate measles as the seventh leading cause of morbidity and the ninth of infant mortality.

Since measles can be fatal to children below one year old, the MOH intends to immunize 1.5 million children between nine to 14 months old in the initial stage of the program.

To assist the MOH in immunizing, monitoring the incidence of communicable diseases and disseminating health information is the Philippine Pediatric Society headed by Dr. Miguel Noche.

S. H. Umemoto of the United Children's Fund (UNICEF) has committed assistance of ₱6 million every year for the expanded immunization program while World Health Organization Acting Director S. T. Han has assured technical assistance,

Meanwhile, Dr. Fe del Mundo, director of the Lungsod ng Kabataan, expressed appreciation to the MOH for having included measles in its expanded program on immunization, which covers diptheria, pertussis, tetanus, tuberculosis and poliomyelitis.

She said that the high costs of vaccines in drugstores, at ₱35 each, have hampered efforts to control the spread of measles.

Deaths have often occurred because of complications such as broncho-pneumonia, encephalitis, eye and ear diseases, kidney ailments, and gastrointestinal diseases, she cited.

CSO: 5400/5672

BRIEFS

CHOLERA OUTBREAK IN SULU--Twelve persons have died and another 40 have been hospitalized in a suspected cholera outbreak on a small island in Sulu, the military reported. Philippine Army Brig Gen Mariano Miranda said the suspected cholera outbreak hit the small Sulu Sea fishing island of Tubigan in early June. The island has a population of about 2,000 people. Miranda, commander of the Army's 1st Infantry division on the island of Jolo, about 60 kilometer south of Tubigan, said tainted seafood was probably responsible for the outbreak. Miranda said Tubigan has been quarantined and no one is allowed to enter or leave the island without government permission. About 40 people suffering from the disease have been taken to the Sulu provincial hospital on Jolo for treatment, officials said. (UPI) [Text] [Manila BULLETIN TODAY in English 2 Jul 82 pp 1, 12]

MEASLES OUTBREAK IN CENTRAL LUZON--At least 14 children died of measles in an island barangay in Dagupan during the past three weeks. Cipriano Macaraeg, city health officer, said the measles outbreak was reported to him by Pedro de la Cruz, chairman of barangay to conduct an immunization drive. [Text] [Manila PHILIPPINES DAILY EXPRESS in English 12 Jun 82 p 2]

CSO: 5400/5644

BRIEFS

CANCER RESEARCH CENTER--Saudi Arabia is planning to establish a big cancer research center for which it has sought Japanese help to draw a blueprint. The Kingdom has also asked Japan to send some cancer specialists and train Saudi Arabians in this field. Japan has sent two groups to conduct feasibility studies and the third group to study the basic design of the center is expected to come sometime this summer. Saudi Arabia will bear the costs of construction and management of the center and the supply of personnel. [Text] [Jiddah SAUDI BUSINESS in English No 8, 18 Jun 82 p 38]

CSO: 5400/4729

BOVINE TB FOUND BUT NO BAN IMPOSED ON CATTLE TRADE

Perth THE WEST AUSTRALIAN in English 20 May 82 News of the North p 1

[Text] **EAST Pilbara pastoralists who feared a possible quarantine ban on cattle from the area because of the presence of bovine tuberculosis, have been assured that there are no plans by the State Government for a blanket ban.**

Many pastoralists have feared that a big area of the Pilbara would be ruled "bad" because of the presence of tuberculosis on three properties.

Rumours had been circulating that the Agricultural Protection Board or the Department of Agriculture might impose a ban on the trade of live cattle from the area without TB checks.

A line was drawn south of Wallal, 250km east of Port Hedland, several years ago because of similar problems with infectious diseases and the East Pilbara pastoralists feared a similar restriction.

The Minister for Agriculture, Mr Old, has told the pastoralists of the Government's intentions.

The three properties affected by bovine TB are De Grey, Warrawagine and Mount Edgar stations.

However, De Grey is virtually clean and has only one more testing programme before it should be cleared.

The programme should mean eradication by the end of this year.

The owner of Yarrie Pastoral station, Mr Lang Coppin, said this week that he and many other local pastoralists had told the East Pilbara Shire Council of their concern about the rumours and the Pilbara ward of the Country Shire Councils Association put forward a recommendation against the possible quarantine ban for consideration at an annual meeting of the association.

Mr Coppin said that the pastoralists were relieved to hear that the ban was not being considered.

"A ban would have meant a considerable loss in revenue to farmers through no fault of their own because all cattle would have to undergo tests to see whether they had TB before they could be sold as trade cattle to southern farmers," Mr Coppin said.

"The testing was not only an extra expense to the pastoralists, but it would mean that cattle had to be put in holding pens for several days, during which they would become run down and in poor condition for sale as trade cattle.

"We could demand a much lower price and cattle without testing could only be sold to abattoirs."

Mr Coppin said that many pastoralists would have suffered because of bovine TB suffered by a few properties.

He said that the pastoralists had been planning a meeting of all local pastoralists who would have been affected.

CSO: 5400/7563

BRIEFS

BOVINE RABIES VACCINATION CAMPAIGN--Today the government and private enterprise started an intensive vaccination campaign to vaccinate 600 head of cattle in order to prevent paralyzing rabies in Antioquia, Choco, Magdalena Medio, Sucre, Bolivar, southern Guajira and northern Cesar. Experts of the Ministries of Health and Agriculture, the departmental health secretariats, Vecol [Colombian Veterinary Products Enterprise] and cattlemen's associations set in motion an operation to obtain samples for laboratory analysis in order to promote scientific research. The authorities requested all cattlemen to adhere strictly to a vaccination schedule for their cattle and notified them that this should be done annually and that calves should be vaccinated as soon as they are 4 months old. [Excerpt] [Bogota EL TIEMPO in Spanish 12 Jun 82 p 5-F] 8255

FOOT-AND-MOUTH DISEASE OUTBREAKS-- Quarantine in 12 Tolima districts because of foot-and-mouth disease fever. Ibague, 12 June--Outbreaks of type A foot-and-mouth disease fever caused the regional ICA [Colombian Agricultural and Animal Sciences Institute] to decree a quarantine in the municipalities of Guamo, Coello, Flandes, Espinal, Suarez, Saldana, Purificacion, Prado, Coyaima, Natagaima, Ortega, and San Luis. In addition, the Guamo and Natagaima fairs, scheduled to take place next week at the same time as the festivities of San Juan, have been cancelled. Luis Alberto Robles, manager of the regional ICA, said that type A outbreaks have appeared in Guamo and Natagaima, and are tending to spread. He also reported vesicular type foci in Coello and Ortega. The health measures that were taken tend to prevent the transmission of the disease to other areas, since a high percentage of the transmission is due to the transporting of cattle for commercial purposes without the observance of established requirements. [Excerpt] [Bogota EL TIEMPO in Spanish 17 Jun 82 p 14-A] 8255

CSO: 5400/2177

OUTBREAK OF CATTLE DISEASE IN UPPER EGYPT REPORTED

Cairo AKHBAR AL-YAWM in Arabic 22 May 82 p 3

[Article by 'Ali Shihatah: "When Cattle Drop Dead; in al-Fayyum and Upper Egypt Governorates: Hundreds of Cattle Dehydrate and Drop Dead in 2 Days With Strange Disease; Livestock Experts: It Is National Catastrophe Whose Dangers Have Not Yet Ended"]

[Text] As tree leaves dry up, wither and fall, so do enormous head of cattle weighing nearly 500 kilograms. They wither and drop dead. This happens within a few days, 2 or 3 days. Sometimes it even happens within a few hours, 2 or 3 hours.

The catastrophe might have assumed serious dimensions posing a threat to the heart of food security operations had not the afflicted cattle, as well as the entire area concerned, been surrounded and isolated.

This has happened in Qina, Bani Suwayf, al-Minya and al-Fayyum. However, Lower Egypt is 100 percent clear. Al-Fayyum is now a sealed governorate insofar as meat is concerned. No livestock is imported or exported. The markets are closed and there is no supply and no sales, not until the situation is brought under control. The situation has not been brought under full control yet and the governorate is still sealed off. Even though cases of afflicted cattle in cooperatives and concentrations have been brought under control, the danger has not yet disappeared completely.

But what is the story of this strange, sudden and unidentified disease that afflicts only cattle and does not infect buffalo, camels, sheep, dogs, cats or man?

Cases Controlled

The first symptoms of this disease are reflected in a rise of temperature to 45 degrees celsius, which is the high end of the thermometer, the discharge of nasal mucus and watery diarrhea followed by bloody diarrhea. This results in dehydration and then in death. Thus, cattle drop dead like tree leaves in the fall. This entire process may not taken more than 2 days or 48 hours at the most.

The death of a cow is a catastrophe to a breeder or a farmer because the price of a cow, especially an imported cow, reaches 1,200 pounds. The compensation paid by the Veterinary Medicine Directorate is very small, not exceeding a few pounds. We have at our disposal an official receipt from the Veterinary Medicine Directorate in al-Fayyum, signed by the fund branch director and the general director of veterinary medicine in the governorate, of a paid compensation of 17.5 pounds, "with our deep respects."

Outcome of First Battle at Qasr Rashwan

At the outset, the true nature of the disease was not known and it was not known whether it was cattle plague or blood poisoning. The beginning came at the farm of Maj Gen Salah al-Din Labib. This was at the end of last February. The man has 468 cows, which he breeds through his own efforts, with a loan of nearly 125,000 pounds from the Egyptian National Bank. Major General Labib is the director of the Qasr Rashwan Cooperative. He saw his cows, the fortune of his life and his future hope, become afflicted with a strange disease--a shiver in the belly, a rise in temperature, mucous liquid running from the mouth, a reddening of the eyes and bloody diarrhea. He started intensive treatment but there was no response.

Three committees came from Cairo but the cows started falling dead, like dry leaves.

The losses of the Qasr Rashwan director, the first victim in al-Fayyum, were as follows: 32 breeding cows (nearly 4 years old), each valued at no less than 1,200 pounds.

Twenty three calves, 10 for breeding, each valued at 650 pounds.

Fifteen male calves, 9 of which weighted 400 kilograms each and the rest over 300 pounds each. The average price of each of the calves is 500 pounds.

Thirty eight calves ranging in age from 1 week to 3 months, with an average price of 100 pounds for each of the calves.

Thirty five miscarriages because of the disease.

Thus, the outcome of the first battle with the disease in al-Fayyum is the loss of 108 head of cattle valued at nearly 52,000 pounds.

Compensation...When? Bank Loan...How?

The man i stunned by what has happened.

In less than a month, he has lost cattle worth more than 52,000 pounds. The man is agonizing . HOw is he to repay the 125,000-pound loan from the National Bank when they [the veterinary directorate] have not paid him a single penny? How is he to live? He doesn't know who to accuse.

He wonders with profound grief: Why has the insurance fund not acted and fully compensated the victims? A catastrophe did occur in Qutur District in al-Gharbiyah Governorate 10 years ago. Cattle were poisoned by the (Fosbil) pesticide, which had been sprayed on cotton plantations. At the time, the insurance fund compensated the victims fully. The fund paid 100 percent of the actual price.

The surprising thing is that Maj Gen Salah al-Din Labib has not collected any compensation yet. The National Bank, which Labib has not been able to repay, continues to add interest to the 125,000-pound loan.

With great grief in his heart, the man stops talking.

Another victim is Maj Gen Isma'il Labib--('Azab) Qasr Rashwan. He represents the second case in al-Fayyum. His losses in the battle with the disease were 56 calves.

The losses are divided as follows: 32 calves, weighing more than 400 kilograms and valued at no less than 600 pounds each, and 24 calves weighing from 320-370 kilograms and valued at 500 pounds each, not to mention the weakening of the other calves. Officially, his loss amounte to more than 30,000 pounds, in addition to the 2,300 pounds he paid for his own pocket for medication.

U.S. Marine Team and Ministry Team

Dr Hamdi al-Hakim, the ex-governor of al-Fayyum, describes what has happened as an imported catastrophe.

The man says that the biggest losses have been incurred in Qina, then Bani Suwayf and then alOMinya. At the outset, nobody was notified and the matter was considered just a case of food poisoning among livestock.

Al-Fayyum Governorate is in a special situation insofar as livestock is concerned. The governorate produces no nurseling animals and the breeders are compelled to import livestock and young calves from outside markets. Al-Fayyum is one of the most active governorates in meat production and has 74 cooperatives. The first vertical development in which today's farmer has specialized is livestock development. This farmer exports meat to the other governorates. Al-Fayyum cooperatives purchase calves from cattle merchants or from farmers who import cows and add to Egypt's livestock resources in a fundamental way.

At the outset, when some cases appeared in Maj Gen Salah Labib's farm, it was thought that the case was one of reaction to inocculation.

Then a change occurred in the symptoms. Specimens were taken to the veterinarians. The condition was diagnosed as viral cattle diarrhea and an inflamation of the mucous membranes resulting from diarrhea accompanied by a high temperature and ending in death.

The governor took action and asked the Ministry of Agriculture to intervene. A team from the United States (Marine Commission) and a team from the ministry laboratories came immediately. Specimen were taken and analyzed and the outcome was identical to the diagnosis of the Veterinary Medicine Directorate, which had been fully mobilized and had been exerting utmost efforts. There was a reserve supply of all kinds of medicines and the sick animals were isolated. Intensive campaigns were launched and are still in progress. The state of emergency continues.

I asked the governor: "Is there a strategic reserve of the medicine?"

He said: "We have strategic medicine reserves valued at 70,000 pounds, in addition to the reserves set aside by the ministry. This means that the medicines required to treat the disease hvae been and continue to be available. For your information, no livestock epidemic has occurred in al-Fayyum in 20 years."

But how did this strange and sudden disease appear and how has it spread, turning al-Fayyum Governorate into an isolated governorate insofar as livestock and meat are concerned?

The details of the story are not very different from what the victim breeders and the governorate and Veterinary Medicine Directorate officials recount.

Dr Fawzi Hasan Kamil, director of veterinary medicine in al-Fayyum Governorate, says:

"The first notification we received of the disease came on 3 March from Maj Gen Salah Labib, technical director of the Qasr Rashwan Cooperative, who notified us of the death of three head of cattle. We proceeded as a committee, along with a representative from the laboratories, to conduct an autopsy and find the reason for the sudden death of the cattle."

The disease was not known at the outset.

The case was treated as a case of cattle plague insofar as isolation, disinfection and inocculation are concerned. At this time, the entire area was isolated and put under veterinary quarantine and the corpses were buried after being incinerated. The death toll rose to 11.

Despite all precautions, the condition appeared in cattle at a neighboring farm, namely, the farm of Maj Gen Isma'il Labib. This occurred on 13 March. Death then began to spread and the smell of the contagion started to proliferate. The animals in the neighboring farm were inocculated against cattle plague and blood poisoning. By the time the condition was brought under control, the number of dead cattle was 68 cows out of a total of 468.

Then the contagion started to spread ruthlessly and it became certain that it would be a hard and ferocious battle against the disease. Despite all precautions, the disease began to appear in other cooperatives and farms.

In Ibshway District, the disease appeared in Qarun farms, leading to the death of 1 cow and the slaughtering of 5 others out of a total of 333 cows, a loss of 2.6 percent.

In Sinnuris District, the disease appeared in Fawzi Murad's farm. One hundred and one cows of 917 were isolated; 86 cows were cured and 15 cows, or 1.63 percent, perished.

In Sinnuris Marine Cooperative: Ten cases were isolated, of which 6 cows were cured and 4, or 0.5 percent, were slaughtered.

In al-Fayyum District: In Abu al-Sa'ud farm, which has 1,979 head of cattle, 13 head perished in reaction to inocculation. A total of 240 head afflicted with viral diarrhea were isolated. Of this number, 157 were cured, 22 perished and 30 were slaughtered, meaning that the total loss amounted to 53 cows, or 2.73 of the total number in the cooperative.

Al-Basyuniyah Cooperative: A total of 129 calves were isolated, of which 100 were cured and 29, or 7.12 percent, were slaughtered.

Cattle continue to fall dead, like withered tree leaves.

The number of cattle claimed as victims throughout the governorate, according to teh official reports of the Veterinary Medicine Directorate and of the governorate, has reached 357 cows out of a total in the cooperatives of 26,604 head, or 1.34 percent of the total. The number of cattle placed in isolation by 1 May was 33 in Sinnuris District, 30 in al-Fayyum District cooperatives and 12 in the cooperatives and 16 in government and agrarian reform farms in Tamiyah District.

The governorate is still sealed off.

But victims continue to fall and others are saved by the knife.

But has the disease ended and disappeared? It is the veterinarians' opinion that the virus is still present, but with a varying virulence that may escalate at times and decline at others.

So the catastrophe persists and the chapters of the story are not complete yet.

Entry Banned to Veterinarians and Others

But the picture is not completely dark.

There are herds that have not at all been touched by the disease. Two of the biggest farms in al-Fayyum have only heard about the disease, which has not reached them or knocked on their doors.

These are al-Mazatili and al-'Aziziyah farms, which belong to Dr Hisham Majdi Hilal and Salah al-Tubji. They are two of the biggest farms, but not a single victim has fallen in them. The first farm contains 4,000 head of cattle and the second 3,200 head.

Dr Hisham Hamdi [as published] Hilal is a surgeon who inherited the cattle breeding [business]. When the disease appeared in al-Fayyum, he issued instructions banning anybody, be he veterinarian, insurance man or visitor, from entering the farm. At the outset, government officials refused to supply him with fodder because he would not allow the insurance man to enter his farm. But he took the matter to the governor who issued an order that fodder be dispensed, without waiting for any committees. This decision had its impace and was beneficial to all, preventing the spread of the disease from farm to farm.

The Directorate of Agriculture supported the governor's decision that fodder be dispensed without allowing officials to set foot on the farms. The farms, markets and cattl- concentrations were also sealed off.

Salah al-Tubji, a member of the Board of Directors of the Livestock Insurance Fund, says: "We have banned the entry and exist of animals and people and have inocculated the cattle against the plague."

He adds: "So far, and God be thanked, we are still 4 km from the contagion. May God protect us."

Insurance Fund and Battle Victims

All eyes are focused on the Livestock INsurance Fund and on what it will pay the victims.

This fund is paying sums that are not at all compatible with reality and with prevailing livestock prices.

The fund's story is an old one and strange.

But what is the Livestock Insurance Fund doing nowadays with the breeders afflicted by the catastrophe? What compensation is it offering? What are the services it can offer?

It is a question repeated by all of the breeders, a question with no answer.

8494
CSO: 5400/5014

BRIEFS

SEPTICEMIA EPIZOOTICA IN JAKARTA--Cattle in South Jakarta are threatened by an epidemic of septicemia epizootica, better known as SE. Six milch cows in the Pondok Petung area on the South Jakarta-Tangerang border recently died of this disease. The death of the cows and the spread of the contagious disease was reported to the Jakarta Livestock Cooperative (KOPERDA) and the DKI [Special Capital Region] Animal Husbandry Service but to date no serum injections have been given. The animals were treated solely with antibiotics. It was discovered that cows in the Kebayoran Lama area were beginning to be attacked by SE. Wardi Asnawi, chief of KOPERDA, explained that the disease which struck the cows in Jakarta originated in Tangerang. Caribou there as well as cows were striken by the disease. Regarding the serum injections, it was admitted that this had not been done because serum stocks in Jakarta are depleted at this time. "So, we are forced to wait for them to come from Wonocolo, East Java," Wardi Asnawi disclosed on the telephone. According to Oni Saaroni, a veterinarian at the DKI Animal Husbandry Service, the disease spreads rapidly. Cattle are usually infected within 3 to 4 days. Symptoms appearing on the stricken cattle include saliva or mucus drooling from the muzzle or running from the nose. A sound like "ngorok" is heard from the cattle, whose appetite decreases. Touching on the milk from the infected cattle, Oni Saaroni said no one need be concerned. The milk in no way endangers people's health as long as it is boiled before drinking or used in any other manner. According to Saaroni, SE normally attacks cattle and caribou, and no one is surprised when the animals die of this disease. It may spread from the cattle feed, namely grass from areas in which many affected cattle feed. Some of the grass fed to cattle in South Jakarta still comes from Tangerang and its environs. [Excerpts] [Jakarta KOMPAS in INdonesian 18 May 82 p 3] 6804

CSO: 5400/8422

COLD STORAGE BOARD STARTS SALE OF QUARANTINED CATTLE

Lusaka TIMES OF ZAMBIA in English 15 Jun 82 p 5

[Text] THE Cold Storage Board of Zambia has started selling some of the 800 head of cattle quarantined in Choma because of the outbreak of foot and mouth disease.

CSBZ regional manager Mr Stanley Mweemba said yesterday in Livingstone that it would take more than a year to sell all the animals in Choma alone because only about six head of cattle were being slaughtered for sale a week.

The population in Choma was "very small" and could not consume more than six animals a week because their diet was supplemented by a good supply of fish.

The regional manager said it would be expensive to keep the cattle for a long time as it was costing a lot to feed them.

Mr Mweemba, who would go to Choma today to check on the condition of the cattle, said the Veterinary Department was not allowing CSBZ to move the animals until after six weeks when they would ascertain whether the foot and mouth disease had been contained.

The Veterinary Department will conduct thorough investigations into claims by Mbabala Member of Parliament Mr Edward Nyanga that an outbreak of corridor disease had killed 100 head of cattle in Choma.

Provincial veterinary officer Dr Namasivayam Balasupramamiam, said the office of the district governor had arranged an investigative trip to the affected area.

Dr Balasupramamiam said he could neither deny nor confirm the outbreak until he had conducted his own investigations.

Choma acting governor Mr Alfred Lumbwe had challeged the MP to substantiate his allegation that there was an outbreak of corridor disease in his constituency. — Zana.

CSO: 5400/5645

BRIEFS

DYING EUCALYPTUS--Eucalyptus trees throughout the central and eastern wheat-belt are dying in large numbers, according to local shire councils. Big losses have been reported in the Mukinbudin, Tammin, Brookton, Trayning, Narembeen and Merredin areas. Local shire councils are hoping that investigations by the CSIRO will show the cause of the problem. Tammin Shire Council recently arranged for soil and root samples from dying trees to be sent to the CSIRO in Perth. Tests for the more obvious types of fungal diseases have so far proved negative. A CSIRO scientist is expected to visit the area this week to make further assessments. The Tammin Shire clerk, Mr Ralph Tonkin, said that the council had an earlier report from a Forestry Department officer attributing the problem to a combination of salt build-up in the soil, chemical sprays and in some cases trees being planted in bad positions. However the council had been reluctant to accept the conclusion because of the random way in which trees were affected. [Text] [Perth THE WEST AUSTRALIAN in English 21 May 82 p 3]

CSO: 5400/7563

BRIEFS

COFFEE RUST SPREADS--"Coffee rust has spread at a 'giddy' rate," said Ing Miguel Muyshondt Yudice, minister of agriculture and livestock /MAG/. He said that technical teams are doing their utmost to counter its effects. At present methods are being studied to effectively control the rust. Ing Muyshondt added that MAG technical staffs have been sent to various places in the country to counter the rust epidemic. For its part, the Campaign and Quarantine Department of the Salvadoran Institute for Agricultural and Fishing Research (ISIAP) is coordinating the activity with the cooperation of the country's four regions. At present work is being carried out with all available resources in order to minimize the impact of the disease on the country's main export item--coffee. Departmental officials have coordinated the rust eradication campaign. Salvadoran coffee growers currently are receiving a chemical called "Oxicloruro" and sprinklers. They are given technical assistance in the correct handling of applications, how to make mixtures, how to apply doses in each plot, and in other uses. It was explained that the coffee growers are attending to the labor and water. It is hoped that this will result in additional control, while awaiting a budgetary allotment, said ISIAP members in charge of controlling the coffee rust. [Text] [San Salvador LA PRENSA GRAFICA in Spanish 11 Jun 82 p 32] 8255

CSO: 5400/2178

BRIEFS

WHEAT, BARLEY FUNGUS--Ensenada, Baja California, 23 June--The low temperatures and bad weather prevailing for the past month along the coast have led to the development of a fungus which has affected a number of hectares of wheat and barley, Genaro Hernandez, administrator of the Temporal District of the SARH [Secretariat of Agriculture and Water Resources], has reported. He said that the excessive humidity along the coast of the state has prevented the threshing of the wheat and barley until now. This official explained that until last Friday, 80 hectares of barley grain had been harvested, with a yield of 634 kg per hectare. Also, 34 hectares of the grain with a yield of 518 kg and 3,248 hectares of barley fodder, with a yield of 24 bales per hectare, had been harvested, he said. [By Javier Cruz Aguirre] [Text] [Mexico City EXCELSIOR in Spanish 24 Jun 82 p 29-A] 5157

CSO: 5400/2180

BRIEFS

LOCUST WARNING--A state of emergency has been declared in the Gulf region over a 10-square-kilometre army of locusts in the Shakha Mountains, South Yemen. Ahmad al-Hawasna, director of the Saudi food and agriculture organisation anti-locust centre in Jeddah, said countries in the Gulf region had been told that the locust were thought to be breeding at present. They might invade Gulf territories at a later date. The Saudi paper said various governments in the Gulf region were bracing for the locusts. They were mobilising their resources, especially after three locusts had been found in the UAE. Saudi experts said the locusts were capable of moving at between 30 and 70 kms-per-hour, depending on wind force and direction. But present weather conditions indicated the locusts might not head towards Saudi Arabia before September. [Text] [GF241100 Manama GULF DAILY NEWS in English 24/25 Jun 82 p 3 GF]

CSO: 5400/4728

PALAWAN RICE FIELDS INFESTED

Manila BULLETIN TODAY in English 25 Jun 82 pp 1, 13

[Text]

Bureau of plant industry Director Domingo Panganiban reported yesterday that farmlands in 62 barangays, five municipalities, and a city, all in Palawan, are now infested by "rice black bugs" which, if not controlled, will cause heavy damage to rice crops.

If not controlled in the next two months, some 4,000 hectares of riceland will not be suitable for planting this season and there is a strong possibility that the pest will spread to other areas, he said.

Panganiban, who inspected the extent of the damage yesterday, said the areas infested are the towns of Narra, Brookes Point, Aborlan, Quezon, and Bataraza and the city of Puerto Princesa.

Aborlan was the worst affected, Panganiban said.

He however, said that the overall situation is not so alarming since the pest was discovered early when rice crops were not yet planted.

The Ministry of Agriculture, the Palawan provincial government and the people of Palawan have joined hands to get rid of the pest immediately, he said.

The Palawan provincial government has released ₱74,000 to buy insecticides, he added.

Before their discovery in May, the rice black bugs (**Scotinophara urida Burmeister**) were unknown in Philippine agriculture. The bugs are known to be destructive pests in **Malaysia, Sri Lanka, China, and Japan.**

The insects suck rice leaves, stems and panicles, resulting in stunting, yellowing, and drying up of leaves.

Panganiban said damage may result in yield losses averaging 50 per cent in many localities. This means that a hectare which usually yields 150 cavans of rice will only produce 75 cavans.

Palawan has 11,000 hectare of rice lands, 4,016 hectares of which are already infested, Panganiban said.

He said two measures are being undertaken to eradicate the pest: intensive handpicking and plan quarantine.

Panganiban said some 2,000 hectares have been sprayed with insecticide.

Some people suspect the pests were brought to the Palawan through copra trading between Palaweños and Malaysian traders. Others believe the insects came from Japan through logs carried by Japanese traders or fishing boats.

The ministry also found out that aside from Palawan, rice black bugs can also be found in Calintaan, Occidental Mindoro, and in Wawa, Siniloan, Laguna.

CSO: 5400/5666

SOCORRO WILT ISOLATED TO MINDORO COCONUTS

Manila BULLETIN TODAY in English 26 Jun 82 p 9

[Text]

Rolando de la Cuesta, chairman of the Philippine coconut authority, said there is no cause for alarm on the reported disease that has afflicted some coconut trees in Mindoro.

He made this statement after conducting an inspection trip on the affected areas in Socorro, Oriental Mindoro with PCA administrator Felix V. Duenas, Jr. and Cocofed representatives led by Director Jose Morente.

De la Cuesta added that PCA personnel in Cebu and Palawan have reported that no such disease has occurred in Cebu and Palawan contrary to earlier newspaper reports. Contrary, too, to the impression created by news stories that the disease spreads like wildlife and that it killed 5,000 trees in a matter of few days, he said that the reported 7,000 infected trees were affected in a span of more than six years.

Socorro wilt, he said, is not a new disease having been spotted as early as 1960 and is confined to the municipality of Socorro, hence the name of the disease "Socorro wilt."

In affected areas, there would be one palm hit by the disease in a population of 200 trees. In interview with local farmers, some said that this wilting has been observed as early as in the 1960's.

De la Cuesta said that since 1977, PCA has conducted intensive studies of this disease and that teams of coconut scientists and disease experts have at least come out with a theory that the possible causes of this disease may be due to fungus and/or protozoa.

In order to hasten the research efforts to find the cause and antidote of the disease, de la Cuesta ordered PCA management to set up a permanent task force in Socorro for the purpose.

He said a quarantine order prohibiting the movement of coconut planting materials from Mindoro issued by the bureau of plant industry should not alarm the farmers.

CSO: 5400/5666

PHILIPPINES

RICE BLACK BUG INFESTATION NOT ALARMING

Manila PHILIPPINES DAILY EXPRESS in English 27 Jun 82 p 13

[Article by Cris Cerdena]

[Text] **TOURISTS** go to Candaba, Pampanga for its famed watermelons. But last summer, they hardly found any. All the watermelons were destroyed by fruit flies.

One farmer lamented that he yielded only one-eighth of his harvest because of the dreaded pests. Two years before, the flies ate up 90 percent of Pampanga's ampalaya (bitter melon) harvest.

Before 1975, the Philippine carabao mango was refused entry to Japan, one of the biggest mango consumers in Asia. The Japanese government feared that the fruit might be carrying the flies, still non-existent in most parts of Japan.

* * *

EVEN after the ban had been lifted, tons of mangoes were reportedly burned or dumped by Japanese inspectors if found to contain a single fruit fly egg.

Harmless when full grown, fruit fly maggots feed on the flesh of various fruits and vegetables, from mangoes to watermelons, to peppers and santol.

The Philippines spent two decades developing antidotes for fruit fly infestation. Aside from adapting fumigants, protective chemicals sprayed on fruits to prevent flies from laying eggs on fruits, it also started using synthetic attractants. The attractants strongly resemble the odor secreted by female fruit flies during mating time, and only attracts males.

* * *

SOON, it may have to choose between the most effective and the cheapest type of attractant.

The Bureau of Plant Industry recently discovered a natural fly-trap which rivals the two existing chemicals used for this purpose.

This material, the pulverized bark of the Kalingag tree (Cinamomum Mercador Vidal), attracts three species of fruit flies: the Oriental, melon, and jackfruit flies.

BPI studies show that the bark can lure as much as 25,000 flies in a day. Mixed with a small amount of dipterez, sevin, or any insecticides for flies, and dissolved in water, the material acquires the properties of a pesticide and effectively kills flies.

The Kalingag is, so far, the most economical "attractant" for the dreaded pests, the BPI says. The tree, said to be a relative of the laurel tree from which the condiment is derived, is planted in several parts of the country – "from Babuvan Islands and Northern Luzon to Mindanao," the BPI continues.

* * *

ALVARO Silva, BPI plant entomologist who came acrosss the Kalingang in Lucban, Quezon, further adds that the bark has been used by local folk as remedy for headaches, rheumatism, stomach trouble, and even tuberculosis.

But how reliable is the Kalingag compared with the ethyl eugenol or the para-acetoxy-phenyl butanone (PAPB), two chemical compounds which have until now performed as attractants for the flies?

"At present, we have found the Kalingag to be an unstable attractant," says Eugenia Manoto, fruit fly specialist of the Philippine Atomic Energy Commission. "Unlike the ethyl and PAPB, its attracting powers last only a few hours."

CSO: 5400/5666

FRUIT FLIES ATTACK WATERMELON IN PAMPANGA

Manila PHILIPPINES DAILY EXPRESS in English 27 Jun 82 p 13

[Article by Estrella Santos]

[Text]

ASSISTANT Secretary of Agriculture and Bureau of Plant Industry Director Domingo Panganiban allayed fears on the alarming situation of the rice black bug infestation that hit Palawan three weeks ago.

Panganiban, who just enplaned from Palawan for the on-the-spot inspection on orders of President Marcos, said there is no cause for alarm on the reported pest infestation.

Panganiban said the 4,500 hectares which is reported to be infested by the rice black bug are not planted to rice yet but being prepared for the coming planting season which will be in July.

He said it will take at least two more months to totally control the rice bug before the rice farmers can plant palay again.

However, he said the slight delay in the planting season will not affect the rice production in this region.

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SO FAR, Panganiban said the bugs are found in the soil and in the dikes. He said the lack of irrigation has contributed to the fast multiplication of the pest.

He said the black bugs not only attack the palay but also grass-crops and other green plants.

He described the pest infestation as serious but controllable.

The black bug, *Scotinphae urida* is reported to have originated from Malaysia. It has been reported to be a major pest in Sri Lanka, Malaysia, China and Japan.

Panganiban disclosed that it is the first time that the Philippines had a serious report of this black bug infestation.

However, its infestation so far is only contained in the inlands of Palawan.

The bugs, when they attack the plant, suck the leaves, stems and panicles resulting in the stunting, yellowing, and drying up of leaves resulting in the "bug burn."

The bugs usually attack at dusk and moonlight time. Eggs are reported to hatch within seven to 14 days wherein a female bug could at least lay 48 eggs a day.

The Ministry of Agriculture, in its memorandum to President Marcos said the agency has now adopted a two-pronged control program.

Panganiban said a massive mechanical control is being done by thousands of the local inhabitants including school children, civic organizations, Boys and Girls Scouts who have gathered themselves to gather the bugs in the fields.

In Narra town, the mayor has given incentive by giving a sack of rice for every sack of bugs gathered.

Panganiban disclosed that some P110,000 from the city government and P54,000 from the provincial government have been allocated for the eradication and control of this pest.

So far, the spray of pesticide has proved effective. However, Panganiban said observation must be made to see if the eggs will hatch in spite of the soil chemicals application.

So far, he said, no studies have been reported on the nature and characteristic of this pest, hence no established form of control and eradication known.

—Estrella Santos

CSO: 5400/5666

BRIEFS

PESTS ATTACK WATERMELONS--San Fernando, Pampanga, June 30--Pests attacked some 6,000 hectares of watermelon farms in Candaba, this province, during the last crop season, decreasing by about 50 percent the harvest of 1,300 farmers. The farmers used to produce an average of 25 to 30 tons of watermelons per hectare before the centipede-like plant pest struck their plantations some six years ago. Their problems have been further aggravated when they detected that the pests, called "thrips," also afflicted the palay and other crops and vegetables. Sources said that efforts by the field technicians of the Ministry of Agriculture to eradicate the thrips came in vain due to lack of an effective insecticide. Agriculture regional Director Segundo Serano reported that he ordered a stop in the use of one brand of insecticide found to be effective in killing the pests because it also killed the plant. It was not immediately known whether the watermelon crops were covered by the crop insurance but what was certain was that many of the farmers were not able to pay their loans with the banks because of huge losses they incurred during the harvest season. Sources said the farmers were forced to sell their crops at very low prices because the watermelon afflicted by thrips was no longer good to eat. [Jerry J. Lacuarta] [Text] [Manila BULLETIN TODAY in English 1 Jul 82 p 36]

PESTS WORRY FARMERS--Candaba, Pampanga, July 4--Thousands of farmers here have become apprehensive over the failure of the Ministry of Agriculture to contain the pests which are wreaking havoc on their farms. A German scientist and agriculturists of the University of the Philippines college of agriculture in Los Banos, Laguna, are conducting separate researches and studies on how to stop the pests. The pests, called "thrips," look like small centipedes. Agriculture regional Director Segundo Serano had earlier reported that about 1,300 farmers here lost about some 6,000 hectares of farms during the last crop season. The farmers used to harvest 25 to 30 tons of watermelons per hectares, Serrano reported. Apart from afflicting the watermelons, the thrips also attack palay and vegetables, particularly "ampalaya." Serrano, however, expressed optimism that the pests can be eradicated very soon, saying that his field technicians have been trying to monitor very closely the movement of the pests. He recommended crop rotation in the affected areas by planting sorghum and yellow corn. He suggested to Mayor Gonzalo Martin, Jr that the watermelon farms be quantified. [Jerry J. Lacuarta] [Text] [Manila BULLETIN TODAY in English 5 Jul 82 p 9]

PALAWAN RICE INFESTATION SPREADS--Rice plantation affected by the black bug in Palawan has gone up to over 1,400 hectares, double that of the previous day's infestation, the Ministry of Agriculture reported yesterday. Agriculture minister Arturo R. Tanco Jr. said the figure represents one-third of the total area planted to Masagana 99 program. Total area planted to rice under the program is 10,000 hectares. The Bureau of Plant Industry earlier quarantined the whole island of Palawan to stop the transport of the deadly bug. The insects, which were discovered in the island six months ago, sucks up the sap of rice stalks and the infested stalk dries up in two days after it is attacked by the bug. As a remedy, BPI entomologists are spraying daily pesticides on the rice fields and people leaving the island are prevented from transporting any palay. [Text] [Manila PHILIPPINES DAILY EXPRESS in English 12 Jun 82 p 2]

CSO: 5400/4644

VIRUS HITS NORTHERN EMIRATES CROPS

Abu Dhabi EMIRATES NEWS in English 13 Jun 82 p 3

[Article by Suliman Al Mahi]

[Text] RAS AL KHAIMAH (EN) The pumpkin family crops cultivated in the northern emirates have been damaged beyond repair by a virus.

Melon, water-melons and Zucchini as well as other summer plants have been hit by a virus for which no counteractive measures have been discovered.

Dr Zeedan Abdul Aal, the technical adviser to the Ministry of Agriculture, explained that the virus which caused considerable damage to the summer crops especially the pumpkin family is not visible to the human eye and the ordinary microscope but can only been seen through an electron microscope. However, the virus can be detected through certain syndromes appearing in the plant as in the case of melons, water-melons and Zucchini where their leaves turn yellowish, light-green colour, while the stems grow upward instead of spreading on the ground. The virus is not new but has been spotted inside and outside the country for a long time. He asserted, however, that the virus became more locally active of late because of the high temperature and humidity and the weed proliferation due to heavy rains early this year. Besides, farmers here had planted summer crops early to market their crops in Ramadan when the demand for melons and vegetables is brisk. Obviously an early start for the agricultural season can be as harmful as a late one.

Dr Zeedan suggests that the efforts needed to avert the dangers of such a virus would be through preventive measures. He emphasised the need to select the appropriate time for starting the agricultural season and the importance of clearing the farm of weeds, use of effective insecticides and fertilisers.

Another harmful factor, Dr Zeedan says is the use of expatriate farm labourers who are still steeped in antediluvian practices which are unsuitable for the environment here. Such workers are unable to understand and assimilate agricultural guidance and instructions, he added.

Dr. Hussin Abu Saleh, the UN expert on plants is of the opinion that farmers must be obliged to adhere to fixed timings for cultivation to protect plants from viruses and agricultural diseases.

He said that various agricultural crops have been subjected to numerous experiments to ascertain the best times for their cultivation. Such experiments have proved that cultivation of melons and water-melons is best done between the middle of March and early April.

Hamad Mohamed Abdalla says he was completely taken by surprise on discovering substantial damage to his melon and water melon crops. The virus had hit all farms where cultivation began early in April, sparing the farms which started their season later in the month. "In fact, the latter farms gave good crops," he said.

He added that affected farmers had called for help from agricultural guides only to learn from them that nothing could be done except to remove damaged crops and raise different ones.

However, he said acute shortage of irrigation facilities makes farmers too eager to start cultivating their crops ahead of schedule. He urged the concerned authorities to speed up completion of water projects, especially construction of underground reservoirs to impound rain waters.

Another farmer, Ali Salem Al Qatam, complained of scarce supply of insecticides. He said he owned two farms (7 million square metres) but was supplied only one-fifth of insecticides and had to buy the rest from the market at high prices.

As a result, he has urged the authorities to be more generous with insecticides supply, saying that the Ministry of Agriculture has assured farmers of their requirements of fertilisers.

CSO: 5400/4727

GRAIN, WOOD IMPORTS FROM TANZANIA BANNED

Lusaka TIMES OF ZAMBIA in English 15 Jun 82 p 1

[Text] THE Government has with immediate effect indefinitely banned importation of grains and wood products from Tanzania following the discovery of the grain borer there.

Announcing the ban yesterday, director of agriculture in the Ministry of Agriculture and Water Development Mr Nicholas Mumba said the move was aimed at preventing the grain borer from entering Zambia.

Customs officials at Mpulungu and Nakonde have been instructed not to allow into Zambia any grains or wood products from Tanzania with immediate effect.

These instructions were given in January and relevant provincial heads of Northern Province had been alerted to watch out for any commodity that showed symptoms of infestation by the insect.

Recommendations had already been passed for the Government to prohibit the importation of commodities like maize, beans, cassava and wood products from Tanzania, Mr Mumba said.

As far as the country was concerned, the pest had never been recorded in any parts of Zambia before.

"Following the report from the Food and Agriculture Organisation (FAO), an entomologist was instructed to carry out research on the pest and has proven it has never been recorded in Zambia before.

"And because of this, instructions were given out to obtain a description of the pest and its habits."

Even a storage entomologist sent to inspect the possibility of the borer having reached Northern Province, indicated negative results after taking a sample of every load of cassava, beans, maize, rice and wheat.

In January, FAO recommended that grain entering Zambia from Tanzania must be thoroughly checked at the border to detect the borer.

FAO's warning came after it was reporterd from Dar es Salaam that the vermin, which has already caused losses to farmers in five regions in Tanzania, was feared to spread to Zambia.

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END

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FBIS FOREIGN BROADCAST INFORMATION SERVICE

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MASS IMMUNIZATION PROGRAM LAUNCHED

Kabul KABUL NEW TIMES in English 3, 6 Jul 82 p 3

[Text]

The aim of the mass immunization campaign is to immunize about 80 per cent of the country's children against tuberculosis, measles, typhoid, tetanus and paralysis by 1995. And the mass immunization department tries to eliminate the diseases completely by immunizing about 80 per cent of women between 15 and 45 years of age, especially the pregnant women, as well as the newborn children against tetanus, an official of the department told Heywad.

The mass immunization programme is carried out in two ways:

1—Vaccination in the framework of the mass immunization department in the Kabul, Kandahar and Pule Khomri zones by 21 mobile teams.

2—By the permanent branches in city clinics, the Mother and Child Care Centre and in the Red Crescent Society clinics in the capital and provinces.

The official added that the department is assisted by the World Health Organisation and the Unicef. Friendly countries, too, assist the department.

The mass immunization department performed the following activities in its three zones in 1360 H.S.

1—The Pule Khomri zone, with seven mobile teams in Balkh, Jauzjan provinces, carried out measles, BCG, polio, DPT and DT vaccinations.

2—In the Kabul zone, with four mobile teams and 21 city clinics, the department carried out the same vaccinations.

In the Kandahar zone, too, the department teams administered the same vaccines to children.

In total, about 1,084,747 persons were given DPT vaccinations.

Through this programme, vaccines are distributed continuously to the public health centre of the provinces. Serious health education propaganda was carried out through pamphlets and leaflets. Some health programmes were also broadcast on the Radio-TV.

According to the official, the department planned to carry out DTWC vaccinations in the current year. So far, it has done so in the cases of over 37,000 students. Last year, it vaccinated about 400,000 persons in the capital and provinces.

Besides, BCG, DT, measles, polio, DPTWT vaccinations are carried out by branches in 21 clinics of the Kabul city and the Mother and Child Care centre.

All these vaccinations in the provinces are carried out by the mobile and permanent clinics of the zones.

CSO: 5400/5328

NUR EYE-CARE HOSPITAL EXPANDS SERVICES

Kabul KABUL NEW TIMES in English 6 Jul 82 p 3

[Text] "With the implementation of the Noor Eye Hospital's current year's development plan, the ground will be prepared for establishment of six specialised eye diseases' treatment sections in six zones in different provinces. They will also start operations this year," an official of the hospital told Kabul New Times recently.

The Noor Hospital was established in 1966. At the beginning it had limited activitity. The hospital functioned within the framework of other hospitals such as the Ave Cina, the Wazir Akbar Khan and the Chaman polyclinics.

It gradually expanded its activities with the passage of time. After the victory of the Saur Revolution, particularly in its new and evolutionary phase, the Noor Hospital, not only greatly expanded its scope of activities but in fact it emerged as the main centre of scientific research and eye treatment in the capital city as well as throughout the country.

Extensive services has been provided by this hospital to people in all corners of the country. And for the first time this hospital has also provided eye treatment in a modern and scientific manner to the patients.

During the span of the year 1981, the hospital received as many as 44,974 patients. Out of this, 4,113 patients were examined and treated free of charge. A total of 3,231 patients on the basis of doctors' advice were given eye glasses, most of which were free of charge. As many as 3,422 patients were operated on and a total of 2,591 were hospitalised and after thorough examinations and treatment received necessary medications. They all left the hospital in good health.

In response to a question, the official said the Noor Hospital at present functions in three fields--the examination and treatment of eye diseases, treatment of eye diseases, training programme and research and evaluation of medical activities conducted at the hospital.

Another phase of activity is its training programme, specifically organised for the training of young doctors in the field of eye diseases and its treatment. The graduates of the Kabul University Medical College specialising in eye treatment take a three-year internship and training after which they are awarded a specialised eye-treatment diploma.

Likewise, the Noor Hospital has opened a course in refraction in which doctors of the hospital itself are trained. This course will train doctors in diagnosing visibility and specifying glasses for the patients.

Another course for the training of nurses working at the hospital has been opened which will prove very useful in acquainting them with the necessary aspects of treatment of eye diseases.

The hospital has also organised another training programme for the doctors of health centres and a separate similar training programme for its other technical staffs. These programmes aimed at prevention, control and timely treatment of patients are conducted at the various health centres. Each of these programmes will have a positive and constructive affect and will greatly raise the medical knowledge of the staff of such centres.

The third phase of activity of the Noor Hospital is research and evaluation in this field. The hospital has launched a series of measures to that the problems in treatment of eye diseases in Kabul as well as in the provinces of the country are thoroughly evaluated and necessary solutions are evolved. In this sphere the hospital consistently tries to collect necessary and accurate information through continuous surveys to be conducted in all corners of the country.

These include surveys from far-flung areas, villages, in the factories, schools, the mosques and several other places. For realisation of such a widescale survey, the hospital in 1981 began a survey programme in the schools throughout the country, and nationwide research and evaluation of eye diseases will be undertaken by the technical staff of the hospital in the near future.

The hospital official said that the Noor Hospital possesses a well equipped drug store within its premises. Almost all the medicines needed by the hospital are procured and also some are manufactured by the pharmacists of the hospital. Poor patients are given medicine free of charge.

The Noor Hospital also maintains an artificial eye section, a spectacle-making section and an operation theatre which is equipped with modern medical equipment.

In the artificial eye section, artificial eyes are installed in patients. The Noor Hospital also has in its framework an audio-visual section which is busy implementing the institute's health education programme and educating people in measures preventing eye diseases.

Likewise, the hospital has opened a kindergarten within its premises for the upkeep of the children of its staff.

Regarding this year's development plans, the official said the Noor Hospital plans to open six specialised curative and treatment sections in different provinces. "We also hope to launch a trachoma control project in Kabul. And in the future years this project will be operational in all the health networks of the country," he added.

CSO: 5400/5328

BRIEFS

ANTI-TYPHOID MEASURES--Bahrain's anti-typhoid measures are paying off. No new cases of typhoid have been reported on the island for a week. Health officials are still continuing their mass immunisation programme. [Excerpts] [GF191150 Manama GULF DAILY NEWS in English 19 Jul 82 p 5 GF]

CSO: 5400/4733

BANNED MEDICINES, ESSENTIAL MEDICINE LISTED

Dacca THE NEW NATION in English 9 Jun 82 pp 1,8 & 3

[Text] The National Drug Policy was announced Monday with a decision to immediately ban 237 harmful medicines and withdraw 1,500 more described as totally unnecessary within six months from the market.

Announcing the policy at a press conference at the CMLA Secretariat, Health Adviser Major General Shamsul Huq said the harmful drugs would be lifted from the market within one month's time.

The ban comes into effect with the promulgation of an ordinance very soon, he said adding, out of 237 harmful medicines, 200 are locally manufactured and the remaining 37 are imported.

The National Drug Policy already approved by the Council of Advisers was formulated on the basis of a report prepared by an 8-member Expert Committee headed by Prof Nurul Islam, Director, Institute of Post Graduate Medicine and Research (IPGMR).

The Health Adviser flanked by Prof. Nurul Islam and Health Secretary Siddiqur Rahman said, out of about 1700 unnecessary drugs 100 would be modified with slight reformation by eliminating some of their ingredients.

He said half of an estimated amount of Taka 150 crore was spent on unnecessary drugs of various kinds comprising 4140 brands in the country in 1981.

Objectives

Describing the objectives of the drug policy, the Adviser said measures would be taken to decrease the prices of both locally produced and imported medicines and thus bring it down within the purchasing power of the people.

Steps would be taken to ensure the effectiveness and quality of the essential medicines and so that the people may get them easily and at fair prices.

Major General Shamsul Huq said manufacture and import of high-priced medicines would be gradually stopped provided they are considered not essential or necessary from the medical point of view or having suitable alternative.

The Government, under the new drug policy, would extend necessary facilities on priority basis to the local industries in order to achieve self-sufficiency in the manufacture of essential drugs.

The Health Adviser said that ban would be imposed on import, manufacture and sale of those medicines which have been or would be found harmful and unnecessary by medical experts.

Both the multi-national and local enterprises providing medicines to Bangladesh will have to undertake responsibility to ensure manufacture of essential drugs in the country.

Under the drug policy, no foreign proprietary medicines would be allowed to be manufactured under licence in any factory in Bangladesh if the same or similar products are available or manufactured in the country.

Drug Courts

The Health Adviser said that drug courts of necessary numbers having the minimum power of a session court would be set up in the country to punish the persons charged with manufacturing or distributing or selling spurious, or adulterated or substandard drugs.

Measures would also be taken to set up and strengthen the necessary administrative infrastructure with a view to improving the drug administration, medical storage and drug distribution and guarding against wastage and misuse of medicines.

Major General Shamsul Huq said that he had also a meeting with the local manufacturers of drugs who, he said had extended an overwhelming support to the new drug policy.

Meanwhile, when the National Drug Policy was communicated to the Multinational companies "they merely said that they need more time to further discuss the issue," the Adviser said.

He said the report prepared by the Expert Committee was also sent abroad which, he added received high acclamation from some internationally reputed organisations including WHO.

Health for All

The Health Adviser said the present government is committed to World Health Organisation (WHO) slogan "health for all" by the year 2000. In this connection he underscored the need for utilisation of the locally available resources in order to achieve that goal.

Also briefing newsmen on the National Drug Policy and its guidelines the Expert Committee head Prof Nurul Islam said only eight multinational companies dominate the production of drugs in the country.

They produce 75 percent of medicines while 25 mediumsized national companies manufacture 15 percent and the remaining 10 percent is produced by 134 small local companies capable of producing only simple liquid formulations.

In spite of the 177 local pharmaceutical industries, the country imports finished drugs worth Taka 25 to 30 crore every year. Prof Islam said adding that there is a scope to reduce the number of importable items by deleting those which are not essential or the substitutes of which are locally manufactured.

Unani, Ayurvedic and homeopthic drugs are exempted from control under the present drug laws which resulted in proliferation of unethical, harmful and of uncertain quality products.

Prof Nurul Islam said all the pharmaceutical companies were now mainly engaged in formulation and that they procure their raw materials through import involving an annual expenditure of over Taka 60 crore in foreign exchange.

He said incomplete transfer of technology, restrictive business practices and purchase of raw materials by the multinationals at inflated prices from tied sources are detrimental to the national economy.

Although the multi-nationals have the all modern technologies and know-how to produce sophisticated essential drugs in Bangladesh they are engaged mostly in formulation of simple drugs including many useless products like vitamin, mixtures, tonics, gripe water etc. Prof Nurul Islam said.

He said the Drugs Act, 1940 which is the basic drug legislation, is outdated and grossly inadequate. The outdated legal procedure hinders rather than helps prompt prosecution and penalties.

The chairman of the Expert Committee emphatically said that "nobody will die because of the want of medicines in the country if we strict to only 250 essential drugs including 100 life saving medicines."

The Government has released a list, of 150 essential drugs which can be used for primary health care.

Following is the list of the drugs:

1. List of 12 essential drugs for use by the village level health workers:

Aspirin Tab/Paracetamoltab, Chloroquinephosphate tab/Syrup Aluminium Hydroxide Gel tab/Suspention Piperazine tab/Elixir, Glucose Electrolyte Power Ors, Phenoxy Methyl Penicillin (Penicillin V) tab Dry Suspension Ampicillin Cap/ Syrup, Ergo metrine/Methylergometrine Maleate tab, Ferrous Sulphate tab syrup, Ephedrine tab/Elixir, Vitamin-A 200,000 units cap, Chloramphnicol Eye/ Ear/Oint/Drop.

List of additional 33 essential drugs for primary health care up to the thana health complex level.

Paracetamol tab/elixir, pethidine Hydrochloride inj. Sulphadox in with Pyrimethamine tab, Levamisole tab/elisir, Chlorphenamine tab/Elixir/inj, Lidocaine 1 and 2 per cent with or without Adrenaline, Isoniazid with Thiacetazone tab, Streptomycin Sulphate inj., Metronidazole tab/Elixi-/inj., Atropine Sulphate inj., Hyoscine-N-Butyl Bromide tab/inj., Chlorhesidine/Chlorxylenol solution/cream, Proclaine Penicillin inj., Tetracycline/Oxyteracycline cap/inj/ointment, Phenobarbitone tab/inj.

Diazepam tab/inj., Chlorpromo Azine tab/inj/syrup, IV Saline of various strengths (p.o.9 percent saline, without Dextrose, Dextrose in a water (5, 25,50 per cent), Redistilled water (Pyrogen free) Amps.

Chlorera fluid, Oxytocin inj., Fuorosemide tab/inj., Prednisolone tab, Propranotol tab X/inj., Aminophylline inj/tab, Co-Trimexazole tab./suspension.

Homatropine drops, Dt/Spt/Polo/Tetanol/Diptheria Anititoxin, Ergometrine/Methylergometrine Maleate inj., Tab. Vitamin B Complex/Multi Vitamin Drops (15 ML/vitamin-8, Ung. Salicylic acid and Benzoic acid, Benzyl Benzoate Sapomated.

List of additional 105 essential drugs for use up to tertiary level.

Indometacin Capx/tab, Morphine Sulphate inj. Allpurinol tab, Quinine tab/Poswer/inj. Corticosteroid eye drop/oint, Diethylcarbamazine tab/suspension, Chloramphenocol skin ointment, Mebandazole tab, Promethazine tab/inj. syrup, Ether Anaesthetic, Procinae Hydrochlcride, Suxamethonium inj., Thiopental Sodium (power for injection), Gallamenetriethiedide Tubocurarine inj.

Halothanc, Isoniazid tab, Ethambutol tab, Rifamipicia cap, Dapsone tab, Glibenclaimed, Insulin prpearations, Pilocapine drop 1, 2, 4 percent, Emitine Hydrochloride inj. Sodium Thiosu. phate inj. Trifluperazine Pralidoxime tab/inj. Sodium Antimony Gluconate inj. Tincture Iodine, Lysol/cresol/Soap solution (surgical), Benzyl penicillin inj. Benzathine Penicillin inj., Erythromycin tab/suspension, Centamycin syrup/drops/ointment, Cloxacillin syrup/ Inj., Ethosuximide cap., Phenytoin ta/cap/elixir, Amitriptylin/Mortrityline tab, Haloperidol ta/cap, Prochlorperazine tab/inj.

Potassium Chloride inj/tab/syrup, Mannitol solution, Dialysis fluid, Plasma substitute, Sodi-bicarb infusion 7.5 percent of 8.4 percent, Bendrofluazide, Acetazolamide tab, Spironolactone, Barium Sulphate (x-ray grade), Iodipamide 30 and 50 per cent, Iopanoic acid/Iobenzamic acid tab, Acetrixoic acid/Iodized oil inj. Sodium Diatrozoate, Iron-Dextran complex inj. Folic acid tab, Hydrocortisone inj/ointment/cream, dexamethasone inj/tab. Stilbostrol/Diothyesilbyestrol.

Levo/Thyroxin tap, Progresterone Prepartions, Nepmarcazole, Digoxin tab+inj. Diazoxide inj., Methyl-Dopa tab, Glyceryl Trin Itrate tab (Sublingual), Procainamide inj/cap.

Heparin inj. Warfarin sodium tab, teiracaine x/Novosine, Metaraminol inj. Senna tab, Glycerin Suppository, Sulphadimidinta, Ibuprofen tab. Glycerin Suppository, Sulphadimidinta, Ibuprofen tab. Sulphanilamide powder, Sulphadizine inj., Adrenaline/Epinephrine inj., Neostigmine tab/inj., Sulbutamol tab/elixir/inhaler/inj., Acd Blood Pack (double/triple bag), Tabc, Anti-Rabies vaccine, Polyvalent anti-veninm, Tetanus anti-toxin (minimum 10,000 unit dose), Ampicillin inj, Vitamin B1 inj/tab. Vitamin C tab, Vitamin B12 inj. Vitamin K tab/inj/vitamin K1 inj. Cyclophosphamide tab/inj, fluoroUnacil inj/cap/pointment Methotrexate tab/ inj. Busulphan tab, Vincristine inj. Nitrogen mustard inj. Soxorubicin inj. Hlorambucil, Flurescien eye drop 1 per cent. Clofazimine tab, Calciferol, Grise ofulvin tab, Pyrazinamide Plaster of paris, Zinc oxide adhesive bandage.

CSO: 5400/5668

BRIEFS

ANTI-DENGUE SUCCESS--The intensified aedes mosquito control activities carried out by the Ministry of Health during the dengue threat last year met with considerable success, according to Senior Medical Officer of Health, Dr A. Vaugh Wells. The doctor stated that no cases of dengue fever were reported in Barbados in 1980 and only six cases were reported during 1981. Although fogging of streets and other places has been discontinued, routine control activities were keeping the aedes aegypti population within acceptable levels. [Excerpt] [Bridgetown ADVOCATE-NEWS in English 25 Jun 82 p 9]

CSO: 5400/7567

BRIEFS

POLIO PREVENTION PROGRAM--Roseau, Dominica, Tuesday (CANA)--Dominica has embarked on an anti-polio campaign aimed at youth people between the ages of 5 and 19, but the Ministry of Health has said there is no outbreak of the disease here. Oral vaccine is being distributed to schools throughout the island in an effort to prevent an outbreak similar to Jamaica's. [Text] [Bridgetown ADVOCATE-NEWS in English 23 Jun 82 p 1]

CSO: 5400/7567

INCIDENCE OF ONCHOCERCIASIS DECLINING IN NORTHERN REGION

Accra DAILY GRAPHIC in English 7 Jul 82 p 4

[Article by George Sydney]

[Text]

NINETY-FIVE per cent of people who become blind yearly through anchocerciasis (river blindness) in the Northern Region are peasant farmers who are engaged in food cultivation on fertile lands along rivers to feed themselves and the urban centres.

The infected areas include villages around the White Volta and its tributaries, the Daka river flowing through Yendi, Salaga and their surrounding villages, the River Oti flowing near Damango as well as villages near the Black Volta in the region

The people contract the disease because the simulium fly which transmits river blindness breeds in the fast-flowing rivers in the area. The result is that food production in these areas is dwindling due to the poor health of the people.

The situation is also responsible for the inability of children of school-going age to attend schools since they have to lead their blind parents around the villages.

Those children who enter school sooner or later develop eye troubles and had to stop their education.

Fishermen around the rivers are also not spared by the disease as every year some of them become affected.

However, under an anchocerciasis control programme involving seven West African countries in the Volta Basin including Ghana, active attempts are being made to control the breeding of the simulium fly.

During an interview with the programme manager at the headquarters of the Ghanaian unit of the programme in Tamale yesterday, he said 75 per cent of the unit's total efforts was geared towards eliminating larvae and adult simulium flies through spraying the rivers since there were no effective drugs for the treatment of the disease.

The programme manager, Mr K. B. Akpoboua, said two drugs which were available for treatment namely "banocide" and "suramin" could not be used for large scale treatment because of side effects and hinted that research was in progress to produce more suitable and effective drugs.

Mr Akpoboua said since the inception of the programme in the region in 1974, the incidence of river blindness in the area had fallen to one out of every 100 peasant farmers but could not give the previous figures.

He said in other infected zones in the Volta Basin, the incidence of river blindness was still as high as 10 out of every 100 people annually.

According to the programme manager, skin tests carried out in affected areas in the region indicated that all children who were born after the inception of the programme have not been affected by the disease.

CSO: 5400/5679

GHANA

BRIEFS

CHOLERA OUTBREAK--A cholera outbreak in the Achim Dada area has claimed the lives of eight people. Several others from Abuabu Anumasi and Apradi are on admission at the Oda Government Hospital. This was disclosed by the senior medical officer in charge of the hospital, Dr Daniel, when he inaugurated the hospital's interim management committee. He attributed the present situation to lack of drugs which has prevented the medical team from rendering effective service. Dr Daniel, therefore, appealed to the authorities to take urgent steps to improve the situation. Meanwhile, a team from the environmental protection unit is educating the people environmental cleanliness to provide the spread of the disease. [as printed] At Odumasi Krobo four people are reported dead from the disease during the past 7 days at the Atia Government Hospital. According to the senior medical hospital in charge, Dr Li Wang, (?60) cases were reported at the hospital. Dr Li Wang confirmed report that Akonsombo had been declared a restricted area following the outbreak of the disease there. Meanwhile, the operation of chop-bars [African restaurant] and selling of cooked or fried food by the wayside is banned in the area. [Text] [AB142152 Accra Domestic Service in English 2000 GMT 14 Jul 82]

CSO: 5400/5673

BRIEFS

TWO MALARIA CASES--Two tourists, who arrived at the Hadassah Hospital suffering from high fever, have been diagnosed as being sick with malaria. From a check conducted by the Health Ministry it emerged that the two tourists and two of their friends had slept on the beach in Elat near the border with Jordan. Judging by the time that passed since then and until the diagnosis, it is conjectured in the Health Ministry that the two were apparently bitten by a single mosquito. [TA151106 Tel Aviv HA'ARETZ in Hebrew 15 Jul 82 p 8]

CSO: 5400/4731

BRIEFS

CHOLERA IN SARAWAK--Kuching, East Malaysia, 6 July (AFP)--A total of 40 cases of cholera have been confirmed in Malaysia's eastern state of Sarawak and four people have died since the disease broke out earlier this year, the medical department announced today. A spokesman added that health teams from the medical department had detected a further 42 carriers found to 171. He said that all the carriers were from remote villages and he added that the 40th case of cholera was confirmed last Sunday. [Text] [Hong Kong AFP in English 1559 GMT 6 Jul 82 BK]

DENGUE CASES--Nine suspected Dengue cases have been reported in Kelantan this year. The state director of medical and health services says three cases were reported in January, three in February, one in May and two in June. Eight cases were in Kota Baharu and the other in Bachok. In Ipoh, four new cases of Dengue fever were reported in the past week. The acting director of medical and health services said that since 24 June the state has had seven cases of Dengue. [Kuala Lumpur Domestic Service in English 1130 GMT 1 Jul 82 BK]

CHOLERA FREE DISTRICT--Kudat District in Sabah has been declared cholera free. However, people in the district are advised to continue to observe stirct personal hygiene. A statement of the medical service department in Kota Kinabalu said six cholera cases were discovered in Sandakan last week. Treatment has been given to more than 1,500 persons in affected areas in the state. [Kuala Lumpur Domestic Service in English 1130 GMT 7 Jul 82 BK]

INCIDENCE OF DENGUE FEVER WORSENS--Kuala Lumpur, Friday (Bernama)--The incidence of Dengue fever and Dengu Memorrhagic fever in the country has worsened in the first half of this year compared to the same period last year. Outbreak of both diseases are now being reported every week especially in Selangor, Federal Territory, Perak, Penang, Negri Sembilan and Kelantan. Director of Health Services in the Health Ministry Datuk Dr Ezaddin Mohamed, who disclosed this today, said these cases had increased since April. Until June this year, 395 cases (24) Dengue fever cases and 154 Dengue Hemorrhagic fever resulting in 16 deaths were reported compared with 317 cases resulting in nine deaths during the same period last year. [Excerpt] [BK110939 Kuala Lumpur New Straits TIMES in English 3 Jul 82 p 10]

SABAH CHOLERA DEATH TOLL RISES--Kota Kinabalu (East Malaysia), June 18)--Cholera has claimed another two victims in Sabah, bringing the death toll to 10 since the outbreak two months ago, BERNAMA NEWS AGENCY reported, reports AFP. The latest victims were a pair of two-year-old Filipino twins, both boys. One died last Tuesday and the other on Wednesday at the hospital, a hospital spokesman said yesterday. He said they were accompanying their parents on a visit to Beaufort when they contracted the disease. Since the outbreak, 139 cholera cases have been discovered, including 14 last week. [Text] [Kathmandu THE RISING NEPAL in English 19 Jun 82 p 6]

CSO: 5400/5668

BRIEFS

DYSENTERY RAGES--The recent epidemic of dysentry in the Maldives still rages despite work by special medical units now stationed in Male and the surrounding Atolls that were affected. The situation assumed serious proportions in mid-June when there were more than 500 cases reported in Male itself. In two days (June 15-17) more than a thousand fresh cases were reported and a total of 44 atolls were affected in all, when the disease spread from atoll to atoll. Medical skill and drugs were scarce, and Sri Lanka came to the aid of her neighbour, sending doctors and medical supplies. The most affected areas were North and South Huvadu. Schools have been closed, and mass well-chlorination schemes are being carried out by volunteers. Arrangements are also being considered to send more than 250 Sri Lankans in Male, home, as a safety precaution, till health conditions improve. [Text] [Colombo DAILY NEWS in English 23 Jun 82 p 10]

CSO: 5400/5668

RISE IN INCIDENCE OF DISEASES NOTED

Kathmandu THE RISING NEPAL in English 6 Jul 82 pp 1, 6

[Text] Kathmandu, July 5:

There has been an alarming rise in the incidence of jaundice, gastroenteritis, dyentry and typhoid among the children in Kathmandu Valley during the past few days.

This has been disclosed by the concerned doctors of the country's only children's hospital, the 50-bed Kanti Hospital in Kathmandu.

The doctors also said that the hospital was overcrowded with patients and they have had to improvise and convert store rooms and kitchens in to wards to carry out the necessary treatment.

A doctor told this reporter that the hospital did not have to handle so many cases in the past, Presently due to the shortage of beds, the children have had to be treated in improvised beds going to the extent of even keeping them on the floor.

The concerned doctors have requested parents to take their children to the hospital or to a doctor as soon as children show a loss of appetite, start vomitting or sit gaping vacantly.

Pointing out that many parents did not seek treatment either at the hospital or with a doctor even though the children had temperatures of 102 F thinking that nothing was wrong with them until they began vomitting, the doctor said this created difficulty in the treatment of the children.

The doctor is of the view that the spread of these diseases was due to drinking water.

He also said that German Measles was also the spreading among the children in the city.

CSO: 5400/5678

BRIEFS

GASTROENTERITIS REPORTED--Kavre, June 20--Gastroenteritis is reported to have claimed one life in Khopasi village panchayat in Kavre district, reports RSS. According to the quarters concerned, the number of gastroenteritis patients is gradually increasing at the local hospital. [Text] [Kathmandu THE RISING NEPAL in English 21 Jun 82 p 4]

CSO: 5400/5668

BRIEFS

RIVER BLINDNESS STATISTICS--A Medical Consultant to the Federal Capital Development Authority, Dr. Francis Ayodele, said in Suleja at the weekend that river blindness was not restricted to the federal capital territory alone. According to the consultant, research had so far shown that the disease was present in, at least 16 states of the federation. He told a group of visiting journalists that the disease had been erroneously associated with only the federal capital territory because the World Health Organisation had been using the area as a case study since 1956.

State	Percentage of population sampled	Percentage of sampled population infected with river blindness
Gongola	0.4	23.1
Bornu	0.3	20.0
Kano	0.1	18.4
Kaduna	0.4	16.8
Bauchi	1.6	8.8
Plateau	1.4	7.1
Niger	0.1	4.8
Federal Capital Territory (Abuja)	3.3	3.1
Benu	3.4	2.9

Source: Federal Ministry of Health
[Text] [Kaduna NEW NIGERIAN in English 22 Jun 82 p 1]

CSO: 5400/5677

ESSENTIAL, NONESSENTIAL DRUGS LIST SOON

Karachi MORNING NEWS in English 27 Jun 82 p 1

[Text] Islamabad, June 26: The Federal Health Ministry is to announce a list of essential and nonessential drugs shortly, PPI, reliably learnt here today.

Reliable, sources said that lately a committee of four persons had been constituted to classify the drugs into two distinct categories--"Essential" and "Nonessential".

Three members of the committee were drawn from the Federal Health Ministry and one member from the Teaching Faculty of Pharmacology.

The task before the Committee, it is believed, is essentially of a very delicate nature, particularly debatable borderline cases will pose a problem for the committee to draw a line of demarcation between "essential" and "nonessential" category.

The logic of relativity can render a "nonessential drug" to be a life-saving product in a given situation and vice-versa.

The move, it is learnt, is primarily directed towards curbing the imports of unnecessary drugs and medicines.

Importers naturally are watching the development with caution and vigilance. However, to safeguard their interests, many of them have completely stopped importing any fresh stocks of medicines.

It is observed that by and large a feeling of deprivation prevails amongst the community of importers. They are hit by the floating rupee on the one hand and on the other hand they feel any impending cut in imports, will lead to monopolistic tendencies amongst the local manufacturers.

Further, the importers vehemently maintain that the policy of curbing imports of drugs will also be against the national interest.

They forcefully argue that many drugs cost 100 to 1,000 per cent less if they are imported, instead of being locally manufactured.--PPI

CSO: 5400/5667

QINGHAI HOLDS MEETING ON ENDEMIC DISEASE PREVENTION

SK040829 Xining Qinghai Provincial Service in Mandarin 2330 GMT 2 Jul 82

[Excerpts] The provincial work conference on popularizing iodized salt to prevent endemic diseases such as goiter concluded in Xining on 30 June.

The conference held that our province has raised the iodized salt popularization rate to 60 percent, and 65,000 patients suffering from goiter have been cured. Some localities have basically prevented and kept goiter under control. However, the work of popularizing iodized salt to prevent and cure endemic diseases is very uneven. About 40 percent of the province's disease-stricken areas have not received any supplies of iodized salt. Most counties still consider the tasks of controlling goiter very arduous.

The participating comrades examined the work and patients' conditions in disease-stricken areas. They all felt that it is an important matter to prevent and cure goiter at an early date and it merits the attention of all. Efforts should be made to adopt effective measures to conduct comprehensive treatment while popularizing iodized salt in disease-stricken areas. All disease-stricken counties and cities must establish leading organs to prevent and cure goiter, mete out plans and implement all pertinent measures.

The conference held that the present situation of smuggling and selling smuggled raw salt is very serious, affecting the progress of iodized salt processing work. All localities must further strengthen the work on checking salt smuggling activities.

Ma Wanli, deputy secretary of the provincial CCP committee, and Yang Maojia, deputy governor, attended the conference.

CSO: 5400/4007

TRANSVAAL'S POLIO DEATH TOLL REACHES TWENTY-ONE

Johannesburg THE CITIZEN in English 15 Jul 82 p 5

[Article by Marilyn Cohen]

[Text]

THE polio outbreak in the Transvaal has claimed 21 lives so far and has left nearly 200 toddlers crippled.

Dr Howard Botha, chief director of health promotion of the Department of Health, said in a statement yesterday that this figure was the highest in seven years.

Most of the cases have occurred in Gazankulu. Hundreds of thousands of doses of polio vaccine have been rushed to the disease-ravaged areas in an all-out campaign to prevent its further spread.

Professor Barry Schoub, director of the Institute for Virology, said yesterday the amount of vaccine sent to the north-eastern Transvaal was "certainly enough to immunise most of the rural population".

He said his institute was coping with the demand for vaccine as city dwellers also queued daily for booster shots.

In Soweto, thousands of children with their mothers waited patiently yesterday for their turn to receive the life-saving drops.

Thirteen more cases of polio have been reported, bringing the total since the outbreak of the disease to 199.

Five of the latest cases are in the Garankuwa residential area near Pretoria. Others are in Johannesburg and Hoedspruit in the Eastern Transvaal.

Dr Botha said Letaba Hospital had most cases with 139 children admitted. Douglas Smit Hospital had 20 cases, Nkhensani Hospital 30 and Elim Hospital three.

The Secretary of Health and Social Welfare in Bophuthatswana, Mr J J Tlholoe, said his department had sent 30 000 doses of polio vaccine to the Odi district which includes Garenkuwa and Mabopane.

He appealed to parents to bring their children for immunisation. His department had also begun a series of talks on the radio to educate parents on health matters, he said.

"We are going to immunise every child in the district," he added.

Spokesmen at Mamelodi and Atteridgeville clinics said every baby born in those townships was immunised at three months.

Community health nurses were sent out daily to check on who had not brought their children to be vaccinated or to get booster doses.

Health authorities in Soweto are carrying out a similar campaign.

A spokesman at a Johannesburg central clinic said the clinic had been inundated with calls from parents and employers whose domestic staff had young children.

Health authorities have appealed to people whose children have been properly immunised not to bring their children in for unnecessary booster shots.

CSO: 5400/5682

REPORTAGE ON OUTBREAK OF POLIO

Witwatersrand Case

Johannesburg THE CITIZEN in English 10 Jul 82 p 2

[Article by Marily Cohen]

[Excerpts]

THE first case of polio has been reported on the Witwatersrand, and health authorities have appealed to parents to ensure that their children have been properly vaccinated against the disease.

A two-year-old Black boy from the Randburg area was admitted to Baragwanath Hospital this week and a hospital spokesman confirmed yesterday he was suffering from polio.

A serious outbreak of polio in Gazankulu and other areas in the Eastern Transvaal has claimed the lives of 19 children since April, most of them in the past month.

Another 130 children are currently being treated in the Letaba Hospital. Most of them have already been paralysed by the disease.

Nklesani Hospital is treating 27 children, the Douglas M Smit Hospital 15, and the Elim Hospital two.

According to Dr James Gilliland, deputy director-general of the Department of Health, about 80 percent of the South African population has been immunised against polio.

Figures released by the Department of Health and published in the South African Medical Journal reveal that polio has not been confined to the Transvaal this year.

Between January and the end of May, only eight cases were reported — one in the Eastern Cape, one in the Northern Cape, three in Natal and three in Bophuthatswana.

Several children in Gazankulu had already contracted polio before the end of May but these cases had apparently not been reported to the Department of Health by the time these figures were released.

Soweto Immunizations

Johannesburg SOWETAN in English 14 Jul 82 p 1

[Article by Len Kalane]

[Text] **THERE are about 2 000 children in Soweto who have not yet been immunised against polio and who are running the risk of being crippled for life if they do contract the disease.**

Health authorities have deduced the figure from the number of births in 1981 in this huge complex. The Medical Officer of Health, Dr B Richards, said 21 000 births had been recorded in Soweto for the year 1981 but records showed that only 19 000 children had been fully immunised.

He said: "We have lost track of the other 2 000 kids."

The kids might still be around Soweto, or somewhere on the farms, he said. Authorities cannot account for the "lost" 2 000.

Now a plea has been sent out to mothers to check if their children have had all three polio "feeds". This, Dr Richards pointed out, would indicate that the child had been fully immunised. He said mothers could check on the polio "feedings" by referring to the immunisation card or the so-called "Road to Health" card.

He added: "Basically, there is no polio in Soweto. There is no risk that the polio epidemic will take hold and run through the people. The risk is only there if the child is not fully immunised."

Dr Richards said between 2 500 to 3 000 people had visited the Senaoane Clinic to check if the immunisation of their children had been fully carried out.

Most of the children who have passed through the clinic did so as a result of a house-to-house search in Chiawelo.

He said: "Chiawelo has strong links with Venda, the area of the present polio epidemic. It is for this reason that our attention is primarily focused on that area."

Dr Richards said the clinic, which was still very busy yesterday, had from last Friday found 405 kids who were incompletely immunised. Two hundred and thirty kids had not been immunised at all and, of these, 135 were from Venda.

Complacency Hit

Johannesburg THE CITIZEN in English 13 Jul 82 p 8

[Text] PEOPLE had become complacent about polio because of the drop in the number of cases in recent years, Dr James Gilliland, deputy Director-General of Health, said yesterday.

He was commenting on the latest outbreak in the Transvaal which has maimed or killed more than 150 children.

At least two of these children have been admitted to the Garankuwa Hospital near Pretoria and according to unconfirmed reports, there are another four suspected polio cases at the hospital.

The official death toll from polio now stands at 13 — but this could be higher.

According to Dr Gilliland, 147 cases had been reported in Gazankulu, 14 in Lebowa, two at Garankuwa and one suspected case at Baragwanath Hospital in Soweto.

Dr Gilliland said the demand on the department's supply of polio vaccine had risen sharply in recent months and "a very successful campaign against polio has been waged in Gazankulu and Venda.

"In Gazankulu, people reportedly resisted having their children immunized but now that they have seen what polio can do, they are coming forward," he said.

Although it was mandatory for all children to be vaccinated against polio before they were one year old, Dr Gilliland said people had become complacant about this.

Children most vulnerable to the disease, which if it does not kill, can paralyse arms and legs, are those between the ages of three and five.

"If people are not sure if their child has been properly immunized, they should ensure that he has a booster dose just to be on the safe side," Dr Gilliland said.

Immunizations in Pretoria, Johannesburg

Johannesburg THE CITIZEN in English 14 Jul 82 p 3

[Article by Marilyn Cohen and Keith Abendroth]

[Text]

QUEUES formed yesterday at immunisation centres in Pretoria and Johannesburg and doctors reported a massive demand for polio protection.

A Pretoria doctor said: "There is more than enough polio vaccine in stock and no need to panic. If a child has had the required number of doses there is no likelihood of his getting polio."

Dr JPA Venter, Pretoria's Medical Officer of Health, said the city had an adequate supply of vaccine in stock for use in outbreaks like the present one in the Transvaal.

Trace

In Johannesburg and Soweto an all-out effort is being made to trace children who have never been immunised or whose immunisation is not complete.

Dr I Richard, Johannesburg's Medical Officer of Health, told The Citizen that of the 3 000 children whose mothers had brought them to clinics to be checked, 405 had not been completely immunised (that is, they had not had four oral doses of the vaccine) and 230 had never been immunised at all.

If that did not succeed, the mother was visited again. These visits had a 50 percent success rate.

"If, in our check of the records, we now find any incomplete immunisation, we dispense with the letter and visit the mother immediately.

Message

"We are also using the Scholars' Health Committee to get the message through to high school children to check their families and friends," Dr Richard said.

He pointed out that it was mainly the Black population which was at risk. While most White children were properly immunised, it was estimated that nearly 2 000 Black children born in Soweto last year had never been immunised.

It was learned yesterday afternoon that 189 polio cases had so far been confirmed in the Transvaal — most of them in Gazankulu and with most hospital admissions being to the Letaba Hospital near Tzaneen.

Concern

A spokesman for the State Department of Health said there was concern about the outbrak and the mounting number of cases since the beginning of May.

We urged all parents to ensure that children under the age of five were immunised against the disease. Immunisation was free and gave 100 percent protection.

A child should receive his first dose at three months and a further two doses thereafter at six-week intervals.

A further booster dose was necessary at 18 months to give complete protection. However a child over five and had had three doses could be considered "safe".

Teams

A house-to-house check is being carried out by seven teams of seven nurses in Chiwells, an area of Soweto where the aunt of the two-year-old child who was suspected of having polio lives.

"When we visited that house, we found two other children whose immunisation was not complete.

"We than decided to conduct a house-to-house check in the area as the population there is very fluid. We advise adults to take children to the clinics to be properly checked."

Yesterday, between 2 500 and 3 000 children and their mothers came to the clinics.

For the rest of Soweto, nursing sisters are currently checking immunisation records at clinics.

Dr Richard said every newborn child was visited and the mother was asked to bring the child to the clinic for immunisation.

If she did not go, a letter was sent to her. These letters had a 33 percent success rate.

CSO: 5400/5680

CHOLERA DESCRIBED AS 'BLACK MAN'S DISEASE'

Johannesburg SOWETAN in English 8 Jul 82 p 5

[Article by Stan Mhlongo]

[Text]

CHOLERA — unlike polio which is also affecting the white community, is primarily a black man's disease.

Institutionalised in qualities for blacks make them particularly prone to this disease said the Committee of Ten chairman, Dr Nthato Motlana, yesterday.

"Unfortunately, the use of resources that can curb this disease among our people is determined by the colour of the skin," he added.

Dr Motlana said cholera was a disease caused by deprivation, poverty, under-development, and a lack of hygienic water supplies and sanitation.

"This comes as a surprise, considering that this is a wealthy and a highly developed country," Motlana said.

"This disease is rife among the poor who also happen to be voteless and black."

"These people cannot influence the legislator to determine how the resources to prevent cholera may be used," said Dr Motlana.

Cholera started in Sahel, in North Africa, two decades ago and recent outbreaks have dramatised the fact that South Africa has inherited its share of the disease.

While still the Minister of Health, Dr Lapa Munnik said that South Africa was committed to the World Health Organisation's (WHO) ideal of piped water for everyone by the year 2 000.

He denied that apartheid was the cause of cholera and said that South Africa spent R800-million a year on health - three quarters of it on blacks.

Cholera has been known to appear in slums, homelands and in urban areas where there are large concentration of squatters living in temporary shelters.

Laws such as the migrant labour, control and resettlement laws for example, have helped spread this disease among our people since migrant labourers brought it into the country from Malawi and Mozambique.

According to WHO statistics, the number of cholera cases in Africa in 1979 was 18 966 - 27 percent less than the 23 317 cases reported in 1978.

Professor Margareth Isaacson, of the South African Institute of Medical Research in Johannesburg, said: "The mines are the best example of the efficasy of cholera control in a relatively unsophisticated community through adequate sanitation, clean water and health education."

The KwaZulu Minister of Health, Dr Dennis Medida, said: "It seems to be a black man's disease. It only affects blacks because of the impoverished conditions under which they are forced to live."

Transkei's Minister of Health, Dr Charles Bikitsha, shares the same sentiments: "I cannot help feeling that the sins of neglect and sheer downright stupid policy is what whites are reaping today."

CSO: 5400/5680

BRIEFS

THREE DIE OF POLIO--Three youths have died of polio and 16 more cases have been reported--within the last three days--bringing to 158 the number of cases treated since the outbreak of polio in the northeastern Transvaal three months ago. Mr N.A.P. Liebenberg, assistant secretary for health in Gazankulu, said the names of the dead youths would be withheld until their next-of-kin had been informed. [Text] [Johannesburg SOWETAN in English 8 Jul 82 p 3]

POLIO VICTIMS TRANSFERRED--Some of the polio cases being treated at the GaRankuwa Hospital near Pretoria were transferred from the northeastern Transvaal, a spokesman for the Department of Health said yesterday. The spokesman said that of the five confirmed cases in the area not all were from Bophuthatswana. He would not say how many were transferred from the GaZankulu and Leteba areas. The number of polio cases treated so far in the northeastern Transvaal areas has risen to 185. [Text] [Johannesburg SOWETAN in English 13 Jul 82 p 3]

CSO: 5400/5680

BRIEFS

POLIO IMMUNIZATION CAMPAIGN--The Immunization Programme mounted in the State recently to combat an outbreak of polio in Jamaica is progressing fairly well, reported the Chief Public Health Nurse Mrs Delaney. Nearly all the children of five years and under have been innoculated against the crippling disease and teams from the Public Health Department have been going around to schools, to ensure that the pupils and students have also been immunized. It is hoped that at a later stage the entire population will be covered. Other Caricom countries are taking similar precautionary measures. [Text] [Basseterre THE DEMOCRAT in English 19 Jun 82 p 11]

CSO: 5400/7567

BRIEFS

CHOLERA SPREADING--The number of cholera cases in the Dodoma region has risen to 26; there were only seven cases last Saturday. The first cholera case in this region was reported last November in the Mpwapwa District. Cholera then spread to the entire Dodoma region. [Dar es Salaam Domestic Service in Swahili 1300 GMT 10 Jul 82]

CSO: 5400/5676

LAB TESTS SHOW DANGEROUS BACTERIA IN SCHOOL MEALS

Port-of-Spain TRINIDAD GUARDIAN in English 12 Jun 82 p 3

[Text] Laboratory analysis of meals fed to school children in St George East by the School Feeding Programme in March this year has disclosed that in only three of 15 schools was the meal considered safe for human consumption.

Only the Curepe Anglican and Catholic schools received meals which found approval from the microbiologist in the Public Health Laboratory Mr Brajin Total-Maharaj.

Meals delivered to the Curepe Presbyterian, Arouca R.C., Five Rivers TIA, St Finbar RC, St Mary's RC, Spring Village and Tunapuna Hindu, Tunapuna RC, Tunapuna Government, Tunapuna EC and Tunapuna Presbyterian schools all had too much bacteria, or faecal coliform or staff aureus, or all three combined.

The shocking report was released to the media yesterday by Opposition Chief Whip in the House of Representatives Mr Nizam Mohammed. He failed to get the issue of public health in the school feeding programme debated.

Analysis

Entitled "Report on the Bacteriological Survey of School Meals, St George East, March 1982," it was presented by microbiologist B. Tota-Maharaj, Dr Ferdinand, Dr Pilgrim and Mr H. Leekin of the St George East Health Office.

The report explained that the laboratory analysis came about after a senior public health officer became alarmed and disgusted at the quality of school lunches being distributed.

He approached the Medical Officer of Health and the County Public Medical Officer of Health with a proposal for bacteriological and nutritional analysis of a meal from each school during a three week period.

The microbiologist at the Public Health Laboratory did the bacteriological analysis and the John Donaldson Technical Institute did the nutritional analysis.

In the bacterial section, analysis sought four things--the total bacteria count per gram of food, total coliform count, and the presence or absence of faecal coliforms and staphylococcus aureaus.

"Based on the bacteriological reports and the criteria set out it was found that 11 out of 14 samples did not comply with the standards. 78.5 percent of the samples analysed were found to be unsatisfactory for human consumption, concluded the report.

It noted that three samples had too much bacteria, too much coliform, plus faecal coliform and staphylococcus. Four samples failed three criteria, two failed two criteria and two failed one criteria.

All samples in which either faecal coliforms or staphylococcus were found were classified as unsatisfactory. Nine of the 14 samples had faecal coliforms and three of 14 samples had staphylococcus. All three with staphylococcus also had faecal coliforms.

The three cases were the Curepe Presbyterian School, St Finbar RC and Arouca RC/Five Rivers TIA samples.

Any food samples with over 100,000 bacteria per gram were classified as unsatisfactory, as were samples with total coliform counts over 1,000 per gram. The results showed that bacteria count varied from a low 400 per gram to a massive 10 million per gram with coliform counts ranging from one to 280,000 per gram.

According to the results of the report, total coliform count in the Curepe Catholic and Anglican schools was zero, as with the St Mary's AC and Spring Village Hindu schools.

But elsewhere it was a different story, with 38,000 coliform per gram in Tunapuna RC, spiralling up to 274,000 in the Coralita Lunch Shed and 280,000 for St Finbar RC.

"Samples with low bacteria counts either had very low coliform counts or no coliform at all with faecal coliform and staphylococcus absent. A high bacteria count was complimented with a high total coliform count and in three samples staphylococcus aureus present," the report stated.

Bacteria

It continued that the presence of faecal coliforms suggested that pathogenic bacteria such as salmonella, shigella, toxigenic E, coli and clostridium may have been present in the affected samples.

Looking at reasons why bacteria could grow to such alarming numbers the report noted that three conditions had to exist. The food must have been contaminated before or after packing, the correct temperature for bacteria growth must be present and time must be allowed for growth to take place.

Several reasons were suggested including keeping food at room temperature, storing food in large quantities in refrigerators, preparing food several hours or a day before serving, poor personal hygiene, and failure to clean and disinfect kitchen equipment.

Poor personal hygiene, cross contamination, obtaining food from unsafe sources and incorporating contaminated products into foods which are not subsequently cooked are also possible reasons.

CSO: 5400/7567

SPOILED FROZEN MEAT SEIZED

Dubayy KHALEEJ TIMES in English 2 Jul 82 p 1

[Article by Anton de Silva]

[Text]

A huge consignment of spoilt frozen meat was detected by the Dubai police on Wednesday night, while being unloaded from a ship berthed at Dubai's Hamriya port.

The Dubai Municipality yesterday undertook to destroy the 150 tons of frozen meat, declared unfit for human consumption, while the Dubai police sealed off two cold storage facilities belonging to the importer.

Experts from the Dubai police laboratory were called in yesterday afternoon to check the two cold stores, as it is believed that some meat unloaded from the spoilt consignment is stored there.

"The meat was detected quite by accident", a spokesman for police headquarters said. A policeman on duty at Hamriya port on Wednesday night, got the stench of rotting meat while he was passing by.

On suspicion, he informed the police and the municipal authorities about the cargo on board. Yesterday morning the authorities boarded the vessel and found the rotting meat.

The captain of the vessel told the police that the meat was loaded from an Indian port. Under normal weather conditions, the ship would have reached Dubai in four days. But on the high seas the ship confronted adverse weather and it took eight days to reach destination, the captain said.

Also, sea water speeded into the vessel and the freezers were affected, he said. That was how the meat was spoilt.

On investigation police found that the vessel also carried a consignment of Indian mangoes. When the ships arrived the importers declared only the consignment of mangoes to the health authorities and sought permission to clear it.

However, police claimed that under cover of darkness, the consignee cleared part of the meat, too. It was at this stage that the policeman on patrol duty got wind of the rotten meat and informed the authorities.

Questioned by the police as to why spoilt meat was unloaded, the consignee is believed to have admitted that he was aware that part of the meat was spoilt, and that he only unloaded the unspoilt meat.

The vessel has been placed under police arrest and investigations are continuing.

CSO: 5400/4732

VACCINATIONS URGED TO STOP SPREAD OF INFANTILE PARALYSIS

Hanoi HANOI MOI in Vietnamese 27 Apr 82 p 2

/Article by Dr. Xuan Ha: "The Administration of Oral Infantile Paralysis Vaccinations Must Be Organized"/

/Text/ Recently, in late March, in order to exterminate infantile paralysis, the public health sector administered oral infantile paralysis vaccinations to children from the ages of newborn to 6 years of age.

Within 1 week, all units completed the main phase of these oral vaccinations.

Recently, between 12 and 17 April, the epidemic prevention hygiene station organized six inspection groups consisting of 12 physicians and doctors to conduct detailed inspections. The inspection of 34 units, consisting of subwards, villages, agencies and enterprises, showed:

--Three units have not administered oral infantile paralysis vaccinations to children: the "Dan" Nylon Enterprise in Tu Liem, Tien Bo Printing House in Ba Dinh and Tu Lap Village in Me Linh District.

--Two units administered insufficient dosages (only one drop per child): the Lien Co Child Care Center and Tan Lap Village in Dan Phuong District.

--At four units, the percentage of children who have been vaccinated is still low, such as the Wool Rug Enterprise and the Banking Academy in Dong Da District, which vaccinated 50-55 percent of their children; Hong Ky Village and Tan Minh Village in Soc Son did not register the children who were to be vaccinated and when the vaccine arrived, they only administered it to the children in the school and child care center; children at home with their families were overlooked.

At present, seven cases of clinical infantile paralysis have appeared in the city. In order to extinguish infantile paralysis once it has appeared and prevent its spread to another child, it is necessary to continue our efforts and perform the following jobs:

1. The public health facilities must inspect all units administering the oral vaccine to specifically determine how many children have not been vaccinated and to adopt plans for administering primary vaccinations and supplemental vaccinations.

2. Plans must be immediately organized for administering supplemental vaccinations to insure that all children who are to be vaccinated against infantile paralysis are vaccinated between now and 10 May.

3. Beginning in May, all maternity clinics from the municipality to the precincts, districts and cities must vaccinate all newborns against infantile paralysis. Because, the municipality only conducts one main oral vaccination campaign per year. Recently, two children less than 1 year of age contracted infantile paralysis (6 month old Hoang Thi Th. in Dan Phuong and 10 month old Duong Quang H. in Dong Da). Neither of these children received the oral infantile paralysis vaccine at the maternity clinic.

4. The subwards and villages in which children now have infantile paralysis must administer oral vaccinations to 100 percent of their children.

7809
CSO: 5400/5646

HA NAM NINH LAUDED FOR PUBLIC HEALTH WORK

Hanoi NHAN DAN in Vietnamese 17 Jun 82 pp 3, 4

[Article by Dr Du Quang Tam of the Ministry of Public Health: "Ha Nam Ninh Province Leads the Way in Public Health Work"]

[Text] The Ha Nam Ninh public health sector, which had the honor of receiving the circulating flag of the Council of Ministers and the scroll of the Provincial People's Committee for outstanding accomplishments in 1981, is giving rise to a seething emulation spirit from the provincial level down to the base level.

Creating a rich source of medicine:

In 1981, of 426 villages 384 did a a good job of growing and using native medicines. Native medicines are developed extensively in all four sectors: cooperatives, public health clinics, schools, and families. Many hospitals, specialized clinics, and other directly dependent public health units also have their own medicinal plant gardens.

In addition to hundreds of ordinary medicinal plants, such valuable types as "xuyen quy," "nguu tat," and "hac huong" are grown extensively in the districts, especially in Ly Nhan, Hai Hau, Y Yen, Vu Ban, Binh Luc, Kim Son, Duy Tien, Nam Ninh, etc. All of the district drug stores compound native medicines. Seven main medicines are mass-produced to treat three groups of diseases: fevers, intestinal disorders, and infections. Nearly all of the villages have elements which specialize in purchasing medicine and in processing medicine from crude pharmaceutical materials to supply to the people and to cooperative members. On the average, each person in the province uses 180 grams of pharmaceuticals a year, 30 grams more than the norm set by the Ministry of Public Health. In Ly Nhan District, the average is 506 grams, in Y Yen District the average is 270 grams, in Hai Hau the average is 260 grams, and in Vu Ban District the average is 250 grams. The province's pharmaceutical enterprise combine attained 169 percent of its plan norm for requisition-purchasing and 100 percent of its plan norm for producing finished products.

Those great efforts have helped Ha Nam Ninh to overcome its difficulties regarding sources of medicines and to meet the needs of a province with 2.6 million people in cities and rural areas.

Accomplishments in treating patients:

Last year, 1,200 people were hospitalized, more than 160,000 inpatients were cured, and 3.2 million people were examined and treated as outpatients. That proved the all-out spirit of the treatment installations despite the lack of hospital beds, increased food costs, and the supplying of very small quantities of such service facilities as coal and firewood, blankets and mats, soap, etc. The eyesight of more than 360 blind people was restored through operations. Thousands of people with dangerous diseases were cured. Many people with ileus promptly underwent emergency operations and the death rate was greatly reduced. Some 80 percent of the cadres and civil servants in the province were examined and health files were established for them. The districts of Nam Ninh, Binh Luc, and Duy Tien organized health management at the cooperative family level. The province urgently treated people for a number of widespread social diseases. More than 110,000 blood samples were examined for malaria parasites. The ratio of trachoma cases in the province declined by 18 percent in comparison to 1976. In the part, 3 percent of the people had tuberculosis, but now the ratio is only 2 percent, and in Duy Tien District the ratio is only 1 percent. Outpatient methods of treating the disease are being applied widely among the people.

The provincial and district hospitals have native medicine departments which have the confidence of the masses and people, and 260 practitioners are using their specialized capabilities at the base level. The provincial native medicine hospital cured 1,700 people who had chronic liver diseases, stomach ulcers, internal hemorrhoids, external hemorrhoids, migraine headaches, asthma, etc., and trained 200 public health cadres to give physical examinations and treat diseases by the use of native medicines and acupuncture.

A reliable public health network:

Nineteen districts and cities have public health-physical education and sports sections, hospitals, disease prevention and anti-malaria sanitation units, and drug stores. They and the 426 village public health clinics are operating well. The provincial hospitals, pharmaceutical enterprise combines, and specialized clinics have brought into play the function of the upper echelon and help the Public Health Service effectively guide every medical and pharmaceutical task.

During the past year, 15 districts were recognized as "outstanding" with regard to native medicines, 8 districts were recognized as "outstanding" with regard to perfecting public health organization, and 3 districts were "outstanding" with regard to health management. In the course of an investigation and categorization, 14 drug stores, 13 anti-malaria sanitation units, 8 hospitals, and 6 specialized clinics attained "fair" and "good" standards.

The province has 560 doctors, an average of one for every 4,640 people. Each village public health clinic has at least two service personnel. Two hundred college-trained pharmacists, an important force, specialize in pharmaceutical work. Thousands of cadres of the various kinds, including mid-level medical and pharmaceutical cadres, skilled technical personnel, and skilled midwives, are good sources of sources of support for all of the sector's specialized activities.

Carrying out President Ho's teaching that "doctors are like kind mothers," many public health cadres give all-out service day and night beside hospital beds and in laboratories, work diligently in compounding medicines, carrying out research projects, etc. The heads of many units have set a good example with their attitude toward service and their labor discipline.

This year, Ha Nam Ninh is determined to continue to rapidly increase the number of outstanding districts in all regards, including the development of tens of thousands of sanitation works, the good implementation of scheduled inoculations to contribute to cleaning up the environment and restricting epidemics, and organizing the installation of IUDs in 30,000 women in order to achieve a population growth rate of 1.5 percent in seven districts and the city of Ninh Binh. By the end of 1982, four districts -- Binh Luc, Duy Tien, Ly Nhan, and Nam Ninh -- will attain the five "definitive tasks," and 19 localities -- 100 percent of the districts and cities -- will fulfill the requirements regarding the growing and use of native medicines.

The treatment installations must compare and review their regulations and responsibilities, avoid rejecting patients, create a good relationship between the medical personnel and the patients undergoing treatment, avoid inconviencing cadres and people who come in for examinations, and strive to enable 100 percent of the units to attain rational, safe standards with regard to medicines.

5616
CSO: 5400/5664

BRIEFS

MALARIA TREATED--The malarial parasite team has conducted an investigation in Ba Vi District of old and new pockets of malaria and examined the malaria sufferers now being managed. Twenty-six physicians, doctors and technical cadres worked 8 days in 7 villages: Minh Quang, Ba Vi, Ba Trai, Tan Linh, Van Hoa, Yen Bai and Khanh Thuong. Coordinating with the public health network of the various localities, the team discovered eight species of mosquitoes that carry malaria, took blood samples from 2,050 persons, treated 1,350 persons and examined 145 former patients; the team took with it 12 sprayers and, together with the 30 sprayers of cooperatives, sprayed mosquitoes over a large area, with particular attention to Minh Quang and Ba Vi Villages, which have many malarial parasites. [Text] [Hanoi HANOI MOI in Vietnamese 20 Apr 82 p 2] 7809

CSO: 5400/5646

DEADLINE FOR DRIVE AGAINST DISEASE SET FOR 1990

Harare THE HERALD in English 6 Jul 82 p 5

[Text]

ALL Zimbabwean children under the age of one will be immunised against five major diseases by the end of the decade, the Minister of Health, Dr Oliver Munyaradzi, said yesterday.

Dr Munyaradzi's statement was read for him by the Deputy Minister of Health, Dr Edward Pswarayi, at the opening of a workshop of the Zimbabwe Expanded Programme on Immunisation (ZEPI).

The workshop, which will provide the first logistics and cold chain course for ZEPI, has been organised with the collaboration of the World Health Organisation, the Swedish International Development Agency, the UN Children's Fund and the Save the Children Fund. It will close on Saturday.

Dr Munyaradzi said ZEPI was off to a good start. Cold chain equipment, vaccine and vehicle needs had been decided and some of the material had been distributed to many health units throughout the country.

A Ministry of Health evaluation of fully-immunised children between the ages of 12 and 23 months old recently showed the percentages to be: National (rural areas), 25 percent; Chitungwiza, 35 percent; Harare, 47 percent and Bulawayo, 60 percent.

The effort to train health professionals at provincial and district levels had proved successful.

At provincial level there were almost 300 trained health professionals and almost 3 000 at district level at the end of May.

The national manager of ZEPI, Dr Vengesayi Jaravaza, who is also chairing the workshop, said that the logistics and cold chain course had been made possible through the support received from the WHO.

The course would cover child health and family-spacing logistics and repairs of paraffin and gas refrigerators used in the rural areas.

One of the most important aspects of the course was to master the methods of maintaining medicines in a potent state, from the manufacturer to the child.

Dr Francois Gasse, attached to the WHO immunisation programme said the workshop would try to find a better approach to primary health care and logistics.

The week-long workshop is being financed by the Save the Children Fund.

CSO: 5400/5680

ZINC TREATMENTS PROTECT STOCK AGAINST FACIAL ECZEMA

Auckland THE NEW ZEALAND HERALD in English 16 Jun 82 p 2

[Text]

Hamilton

The fight against facial eczema, a disease which costs New Zealand millions of dollars in lost farm production, has taken two more important practical steps forward.

Scientists at the Ruakura farmers conference yesterday reported considerable success with two further methods of administering zinc as a preventive measure against the disease.

More than 1000 farmers filled the Farmers' Hall at Ruakura to hear the news.

The methods involve either spraying pasture with zinc oxide or placing zinc sulphate in water troughs.

Although zinc has been previously shown to give useful protection to stock-grazing pasture with toxic levels of facial eczema spores, scientists have not until now gone further than approving labour-intensive individual dosing of each animal.

Dr K. E. Jury, director of the Ruakura Animal Research Station, said yesterday that such dosing was not particularly practical for sheep and beef farms.

This summer a Ruakura scientist, Dr Neale Towers, once a week, grazed 13 cows on zinc oxide-sprayed pasture.

For the rest of the time these cows and a "control" group for comparison grazed the most facial eczema-toxic pasture available.

Dr Jury said only four of the 13 cows suffered any facial eczema liver damage and this damage was minor.

In contrast, nine of the 13 cows in the control group were affected — six moderately to severely. Two of these animals had to be destroyed.

"Pasture spraying would thus appear to be a viable alternative, although there are some uncertainties in arriving at appropriate spraying rates," Dr Jury said.

"This procedure would appear to be better suited to protecting sheep and beef cattle rather than dairy cattle, where there are viable alternatives."

In reassessing the potential of a water trough zinc treatment, Dr Jury said the trial involved had, on the face of it, given very spectacular results.

The trial, just finished, examined the protection afforded dairy cows in milk by adding zinc sulphate to their water supply.

Exposed to facial eczema toxin, none of the cows with access to the treated water suffered liver damage.

The dose rate was maintained at 0.35 gram of elemental zinc to each litre of water.

Dr Jury said previous work had suggested two factors militating against water trough treatments.

First was the wide variation, up to four-fold, between water intakes of animals, and second was the drastic fall in animal water intake that followed rain — the very condition that triggered the onset of a facial eczema danger period.

CSO: 5400/9087

NIGERIA

BRIEFS

STRAY ANIMALS SAID DANGEROUS--While diligent, health-conscious and animal-loving Nigerians have no doubt got their willing dogs and reluctant cats vaccinated against rabies, it would appear to me that the efforts in no way significantly decrease the danger of rabies in the country for the following reasons. Practically, all our hotels, hospitals, derelict buildings and streets are populated with fast breeding semi-wild cats, and stray dogs. I won't even mention the other warm-blooded animals. If there is an outbreak of rabies, these animals will be the first to get it, and disseminate it during their frequent fights and social contacts. Have they really escaped the attention of the campaign planners? I have not heard of any town where they were taken into account. In any serious anti-rabies campaign, these animals must either be eliminated or a permanent team of officials will go round catching, vaccinating and marking them on a yearly basis at considerable cost in manpower and materials. Kaduna. [Letter by S. K. Gyoh] [Text] [Kaduna NEW NIGERIAN in English 17 Jun 82 p 4]

CSO: 5400/5677

COOPERATIVE VETERINARY MEDICINE NETWORK DETAILED

Hanoi NHAN DAN in Vietnamese 14 Jun 82 p 2

[Article: "Organization and Activities of the Veterinary Medicine Network in the Agricultural Cooperatives and Production Collectives"]

[Text] Recently the Ministry of Agriculture issued a decision promulgating temporary regulations regarding the organization and activities of the veterinary medicine network in the agricultural cooperatives and production collectives. Those regulations are intended to unify the organization, missions, table of organization, and labor compensation system of the base-level veterinary medicine network and the responsibilities and rights of people who raise livestock.

The veterinary medicine stations of the agricultural cooperatives are the basic echelon of the state veterinary medicine system and are technical organs in the managerial apparatus of the cooperatives and organizations which the people and cooperatives help build. The stations are responsible for carrying out the rules and regulations regarding veterinary medicine and the technical measures in the sphere of the cooperative, in order to prevent and fight diseases among livestock and poultry, increase stock raising productivity, etc. The veterinary medicine stations of agricultural cooperatives are under the direct, all-round leadership of the cooperative management boards and are under the legal guidance of the village People's Committee and the specialized guidance of the district veterinary medicine stations. The cooperative veterinary medicine stations are responsible for technical and technical management measures in the veterinary medicine work of the cooperatives and for coordinating with the livestock raising sections in monitoring rate of development of livestock and poultry.

The veterinary medicine stations have many specialized veterinary medicine cadres. One veterinary medicine cadre can serve from 500 to 700 livestock protection units. A meat hog is one livestock protection unit, a sow or a breeding boar is two units, a water buffalo or oxen is 1.5 units, 100 head of poultry constitute a unit, etc. The cooperatives also have unspecialized veterinary medicine networks in each family group and production unit. Each person in the veterinary medicine network is responsible for 10 to 15 families, or are mobilized depending on the volume of work contracted out.

The cooperative veterinary medicine station has a station chief (a mid-level veterinary medicine cadre or higher) and many veterinary medicine aides. The full-time veterinary medicine cadres are paid by the cooperative in terms of work points based on the cooperative's distribution of income, and includes a basic salary and allowances depending on grade and senoirity. The basic salary of the station chief is equal to 85 to 90 percent of that of the cooperative director, and the salary of a veterinary medicine aide is equal to 70 to 75 percent of that of the cooperative director. Veterinary medicine college graduates receive an additional 10 percent, and mid-level veterinary medicine livestock cadres an additional 5 percent, of the average income of a regular worker of the cooperative. An additional 5 percent is earned for the fifth year of service, followed by a 1 percent annual increase thereafter, to the maximum of 20 percent of the income of a regular cooperative worker. People who are engaged full-time in veterinary medicine work also have monetary incomes received from livestock raisers when they carry out such complicated specialized tasks as giving inoculations, treating livestock, etc. Part-time participants in the veterinary medicine network are reimbursed by the cooperative in work points based on the distribution of income according to the contracted-out volume and the specific amount of work they have done.

Full-time and part-time veterianary medicine cadres who fulfill the missions assigned them, do a good job of preventing and eliminating diseases, and propose initiatives to improve techniques, save labor, and reduce costs will be rewarded. If they do not fulfill the missions assigned them, are irresponsible, or cause the annual death rate of livestock and poultry to increase, will be punished. The degrees of rewards and punishments are specifically stipulated.

The material-technical bases of the cooperative veterinary medicine station include materials, veterinary medicines, and the other vocational facilities, offices, and livestock slaughter houses if the cooperative slaughters livestock.

People raising livestock must fully meet the specialized requirements set by the cooperative veterinary medicine station, ensure the sanitation of pens and stables, create favorable working conditions for the specialized cadres, and contribute to building the stations according to stipulations. People who raise livestock have the right to inoculations, examinations, and treatment for their livestock. When livestock die from diseases against which they had been inoculated, the cooperative considers their owners for reduction of or exemption from food obligations.

5616
CSO: 5400/5664

BRIEFS

SCAB ATTACKS PEAR TREES--There is hope of eradicating the disease which destroyed Pear crops in Nuwara Eliya for the past four years without even the trees flowering. The Netherlands team working under the Nuwara Eliya District Integrated Development programme has come forward to help the pear growers to eradicate this fungus called the 'Scab.' According to a recent survey done by the IRDP and the officers of the Department of Agriculture, nearly a thousand acres of Pear cultivation in the Nuwara Eliya district has been affected by this disease, thus incurring a loss of twenty-five million rupees annually among the pear growers. [Text] [Colombo THE ISLAND in English 21 Jun 82 p 2]

CSO: 5400/5668

CO-OPS INSTRUCTED IN VEGETABLE PEST CONTROL

Hanoi HANOI MOI in Vietnamese 27 Apr 82 p 1

[Article: "The Vegetable Pest Situation"]

[Text] At present, spinach is being propagated at a rapid rate and some plantings are being harvested. The recent weather has been favorable for the good growth and development of spinach.

According to an investigation conducted by the city crop protection station, the vegetable pest situation is as follows:

1) Gray leafhoppers are causing damage to spinach at the Linh Nam and Tran Phu Cooperatives in Thanh Tri and at a number of other places; the density at these places is 100 to 200 insects per square meter. With such a density at the start of the season, it is possible that gray leafhoppers will develop strongly from May onward, thereby seriously affecting the growth of spinach.

2) Cutworms have appeared at a density of 2.5-3 insects per square meter. This pest will develop strongly from late May onward, the period during which spinach is growing well.

3) Bean pod borers are also causing damage to "chach" beans and Yunnan beans and there is the possibility of this pest causing serious damage to asparagus beans. Therefore, cooperatives must give their attention to the following:

a) Inspecting and assessing the pest situation and taking prompt steps to prevent and control pests, with particular attention given to the gray leafhoppers damaging spinach.

b) On fields that have been damaged by gray leafhoppers, it is necessary to immediately exterminate this pest by using "vo-pha-toc" [Vietnamese phonetics] in a concentration of 1/1,000-2/1,000, 50 percent emulsified "ba-su-din" [Vietnamese phonetics] in a concentration of 1/1,000 or me-ta-phot" [Vietnamese phonetics] in a concentration of 1/300.

Spray 30 liters of prepared pesticide per sao, with attention to spraying from the outside of the plant toward the inside of the plant. At places where there is effective control of water, vegetable fields can be inundated so that the pests can be exterminated on the surface of the water. Do not use 666 or emulsified DDT to control pests on vegetables.

c) Bean pod borers should be exterminated by using vo-pha-toc and dip-te-rech /Vietnamese phonetics/ applied in the correct concentration with a correct interval between applications to insure the safety of crops.

7809
CSO: 5400/5646

APPEARANCE OF PLANTHOPPERS THREATENS RICE CROPS

Hanoi HANOI MOI in Vietnamese 16 May 82 p 1

/Article: "Brown Planthoppers Appear in High Densities, Prompt Steps Must Be Taken To Exterminate Them"/

/Text/ At present, a number of pockets of brown planthoppers have appeared in the districts of Hoai Duc and Thanh Tri; the pest is in high densities, 2,000-4,000 pests per square meter, on main plantings of 313, 424 and early NN8 rice that has headed. Now, and in the immediate future, main spring rice is heading and the weather is very suitable for brown planthoppers to develop and cause harm. If immediate steps are not taken to regularly and thoroughly inspect fields, promptly detect pockets of planthoppers and isolate and exterminate them, main crop plantings of NN8 rice can easily be partially burned by planthoppers.

Therefore, it is suggested that cooperatives:

--Routinely and thoroughly inspect their fields between now and the end of the season, promptly find pockets of planthoppers and isolate and exterminate them by every means possible in order to prevent them from becoming widespread and causing planthopper burn. Attention must be given to carefully inspecting varieties that are susceptible to planthoppers.

--Besides brown planthoppers, attention must be given to looking for rice blast, silver leaf disease, small leaf rollers, two-spotted stem borers and rice bugs (hilly areas) and taking steps to control them.

--At present, some cooperatives do not have units specializing in crop protection and still distribute pesticides to cooperative members; it is suggested that the districts quickly strengthen these units.

7809
CSO: 5400/5646

BRIEFS

HAI HUNG HARMFUL INSECTS--More than 30 percent of cotton growing areas in Hai Hung Province have been ravaged by Harmful insects, mostly small cotton measuring worms. In Chau Giang District alone more than 2,500 hectares or almost 70 percent of its cotton acreage were damaged by the insects. The province is mobilizing manpower and equipment to eliminate these worms. [Hanoi Domestic Service in Vietnamese 1430 GMT 1 Jul 82 BK]

CSO: 5400/5675

END

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9 August 1982

Worldwide Report

EPIDEMIOLOGY

No. 289

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9 August 1982

WORLDWIDE REPORT

EPIDEMIOLOGY

No. 289

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GOVERNMENT ACTION URGED TO WIPE OUT 'WILD' RUBELLA

Canberra THE AUSTRALIAN in English 7 Jun 82 p 10

[Article by Paul Gross]

[Excerpts] The existence of "wild rubella in Australian school children and adults is a major health problem requiring government policies at Commonwealth, State and local levels to minimise the damage caused by the virus.

Forty-one years after Norman (later Sir Norman) Gregg published in Sydney a seminal paper linking the rubella virus in pregnancy with deafness, cataracts and congenital heart disease in later life, it has been established that about half the children in Australian schools for the deaf are there because of the wild rubella virus. In 1980, 90 percent of deaf-blind children in Australia were the victims of rubella.

According to the best guesses--we have no hard national statistics in Australia--somewhere between 10 and 20 percent of Australian women of child-bearing age are unprotected against rubella, despite the fact that the Cendehill rubella vaccine was approved for use in Australia in 1970.

In a non-epidemic year about one in 2000 babies would have congenital rubella but if there was an epidemic, the rate could be one in 50 babies.

Why does this situation persist when the adverse ffects on the foetus are near totally preventable?

In a report in June 1981, the National Health and Medical Research Council urged the States to adopt health education programs in schools, immediately before seeking parental consent for immunisation. The council was concerned that the possible effects on the foetus be more widely known, along with the availability of effective prevention methods. It believes that the primary target group is the adolescent--and it says that the most appropriate policy is a high-school immunisation campaign. But recent Australian research suggests that about 9 percent of Australian girls are missed in high school campaigns. Australia's major campaign against rubella began about 1970, so we should now be seeing the benefits of the school campaign.

A National Congenital Rubella Surveillance Program was started in the United Kingdom in 1971. The US has a Birth Defects Monitoring Program and the National Congenital Rubella Syndrome Registry, both operated by the centres for disease control of the US Public Health Service.

By contrast, the perinatal research unit at the Commonwealth Institute of Health and the West Australian NHMRC research centre are starting points for measurement of the problem--but they are not active approaches to prevention, and they record data only on babies with the syndrome. But in recent months each State has finally agreed to make rubella a notifiable disease.

With such developments overseas--and the improved results achieved by the US program--perhaps it is now time to ask if Australia's federal, State and local government policies for rubella prevention are adequate for the 1980s.

First, there have been some real achievements in rubella prevention in Australia in the 1970s.

Second, it is local government that has the major operational responsibility for prevention of rubella and it has had budget constraints.

Third, there is much effort expended by voluntary groups on exhortations to prevent tubella, including groups like the Victorian Deafness Council. They have a full-time job--and inadequate resources--to look after the consequences of rubella and other conditions.

Fourth, Australia's policies are recommended by the NHMRC which has adopted a philosophy akin to the UK philosophy, nowhere near as "active" as the US approach, which some consider to be "over-reactive."

A fifth indicator of our national reluctance (some would call it caution) is that from 1967 to 1977, only $62,500 was spent on a rubella vaccination research project sponsored by the Children's Medical Research Foundation and the project was temporarily suspended in 1976 because of lack of NHMRC support. Last year, a research proposal to NHMRC was recommended for funding but no funds were available. Should rubella have a higher priority in NHMRC research grants?

Whatever the answer, Australia may now need:

--More detailed policy statements on rubella prevention by governments and oppositions.

--The medical profession to adopt a more active measurement of blood samples in pregnant women in both general practice and specialist clinics.

--A detailed national research agenda to improve our knowledge or rubella.

--Specific policies for school and maternal health services to educate the public on how to prevent this expensive national problem.

CSO: 5400/7568

INCIDENCE OF TB UP SHARPLY IN VICTORIA, REPORT INDICATES

Melbourne THE AGE in English 3 Jun 82 p 16

[Article by Mark Metherell]

[Text] The incidence of tuberculosis has risen sharply in Victoria in recent years even though the State spends as much on TB services as all other States combined, a Government report has found.

A complete reorganisation of the Health Commission's tuberculosis branch has been recommended in the report, prepared by a working party on TB services in Victoria which was released yesterday.

The working party said Victoria spent $6.3 million last year on TB services compared to $520,000 spent in New South Wales. The Victorian service staff establishment was 356 compared to 48 in NSW.

But despite the resources devoted to TB in Victoria, the incidence of the disease has risen from 8.3 per 100,000 population in 1976 to 10.1 in 1980. This compares with NSW where the incidence fell from 11.8 to 8.4 in the same period.

The report said a survey had shown that most of the increase in TB cases after 1977 in Victoria could be attributed to the influx of Indo-Chinese refugees. But it said there had been a slight increase in incidence among Australian-born children up to four year olds.

The working party which was appointed by the previous State Government last September, was led by Dr Jonathan Streeton, a consultant physician.

The report said the disparity in costs was not due to Victoria having any higher incidence of TB. "The rate in Victoria over the past few years closely approximates that of other States and in fact for most of those (earlier) years it has had one of the lowest rates per total population," the report said.

"The most striking differences between TB services in Victoria and other States is in the organisation and service delivery areas. These differences... explain to a large extent the reason why Victoria's expenditure on TB is higher than any other State."

Key differences outlined by the working party included:

--Victoria is the only State to maintain a specific hospital, Heatherton, for inpatient treatment. In other States TB patient care has been integrated into public hospitals.

--In most other States outpatient chest clinics had been integrated with public hospitals, removing duplication of expensive X-ray and other services.

Progressively in other States, TB services were being integrated with other services such as occupational health, chest medicine and sexually transmitted diseases clinics.

The report said that because of the way the service was structured and the expenditure involved "Victoria has a far larger complement of staff employed exclusively in the area of TB than any other State."

The working party recommended a "complete organisational restructuring of the TB branch so as to incorporate the various sections into the one organisational restructuring of the TB branch so as to incorporate the various sections into the one organisation, thus leading to flexibility and to a more efficient use of facilities."

It is recommended that the branch be incorporated within the clinical services branch of the Health Commission's public health division and that the position of director of tuberculosis be abolished and be replaced by a chief medical officer (tuberculosis).

The report suggested that the TB facility at Heatherton Hospital be closed and patients be transferred to aporopriate units at Fairfield or Alfred hospitals.

It said that the school vaccination programme should be speeded up to cover schools at a maximum of every two years, but that the prior tuberculin skin test should be scrapped.

CSO: 5400/7568

REPORT ON JAPANESE ENCEPHALITIS IN BANGLADESH

Dacca THE BANGLADESH TIMES in English 18 Jun 82 pp 1, 8

[Article by Shamsul Huq Zahid]

[Text] Bangladesh has got yet another health problem—Japanese Encephalitis (JE)—which is popularly known as 'brain fever.'

Sporadic cases of JE have been noticed during last few years in the country, except a mild outbreak of the killer disease in Madhupur area in Tangail during mid-1977. The disease, caused by a virus, was then described by the doctors and local people as 'mysterious disease', claimed at least seven lives—out of 25 attacked by it.

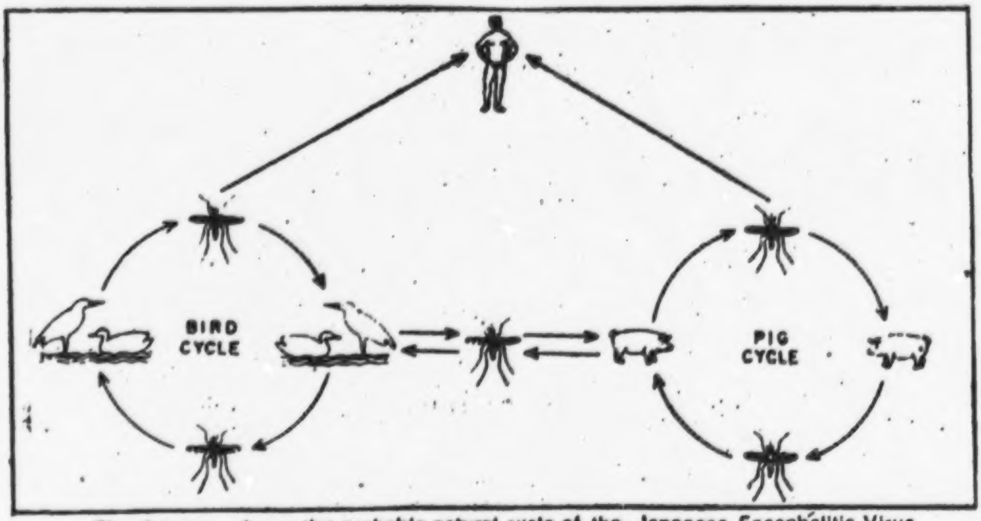
First noticed in the latter half of the last century in Japan, the disease usually transmitted by the mosquitoes travelled to the sub-continent via China, South Korea, Vietnam, Thailand and Burma. JE has been a serious concern for India as it claimed 1434 lives in 1980. Epidemics have been increasely noted in last three decades in Vietnam; Thailand; Burma and Nepal. The disease characterised by fever; headaches, coma and neck rigidity has the high fatality rate. Between 20-40 per cent of the patients die and sometimes the death rate can be over 50 per cent. JE injures the central nervous system of those who succumb to it.

A number of culicine and antropheline mosquitoes transmit the JE virus maibly to pigs and sometimes to large birds like pond herons, egrets and ducks. Pigs and birds maintain the life cycle of the virus. Humans only accidentally enter the transmission cycle of the JE virus. In India, chief carrier of the virus has been found to be culex tritaeniorhynchus which breeds successfully in rice fields with stagnant irrigation water.

Bangladesh virologists first came to know about the disease in mid-1977 when they heard about the outbreak of a mysterious disease in the tribal population in Madhupur. They brought the blood samples of the victims who survived the disease and detected the presence of the JE virus.

The institute which is known as National Institute of Preventive and Social Medicines (NIPSOM) carried out field studies in various parts of the country including Maulavi Bazar, Thakurgaon, Tangail; Satkhira and Rangamati. In some places the scientists found the presence of antibodies to JE virus. This increased the possibility mild JE infection in these places except Maulavi Bazar where infection rate was higher. limited pig population possibly keeps the incidence of this dreaded disease in the country very low.

Many medical expert believe that it is the environmental change caused by the spread of irrigation responsible for the spread of the disease.


BIRD
CYCLE
PIG
CYCLE

The diagram shows the probable natural cycle of the Japanese Encephalitis Virus

CSO: 5400/7087

BRIEFS

DIPHTHERIA, TETANUS IN DACCA--The spread of diseases like diphtheria and tetanus has increased in the metropolitan area of Dacca. In April and May, 162 persons died of these two diseases in the Dacca Metropolitican Contagious Diseases Hospital. [BK120811 Dacca SANGBAD in Bengali 4 Jun 82 p 1 BK]

CSO: 5400/7095

DISEASE INCIDENCE IN BRASILIA RELATED TO MIGRATION

Brasilia CORREIO BRAZILIENSE in Portuguese 21 Jun 82 p 5

[Interview with Jofran Frejat, secretary of health for the Federal District; date and place not given]

[Text] Jofran Frejat, secretary of health for the Federal District, said in an interview with CORREIO BRAZILIENSE that the incidence of so-called endemic diseases is highest for Chagas' disease, brought in from the Goias and Minas Gerais regions. The secretary also discussed, in the course of this interview, the incidence of diseases brought in by the flow of migrants--individuals coming to the Federal District in search of medical aid and bringing with them diseases found in their regions. Frejat acknowledged that because of migration, there has for years now been an increase in certain pathological conditions.

Jofran Frejat also announced the establishment of a kind of hospital-shelter for individuals needing treatment but not requiring hospitalization. "He (the patient) is in constant contact with the hospital, but this is a kind of hotel in which the individual can convalesce."

The text of the interview follows.

CORREIO BRAZILIENSE: Are diseases brought in by the migrant flow to be found in Brasilia?

Jofran Frejat: Well, diseases brought in by carriers of maladies which are endemic in a certain region and which are transferred to others can be found in any place in the country. Here in Brasilia in particular, the disease with the highest incidence or most prevalent is precisely Chagas' disease, which is endemic in the region of Goias and Minas Gerais, and the patients come here to the Federal District. But on the other hand, we have no evidence--a survey is made periodically by the technicians at the Ministry of Health, which we at the secretariat of health follow closely--of infected barber bugs. We have no evidence that the barber bug, which transmits Chagas' disease, for example, is infected. In the rural parts of the Federal District the barber bug is found, but we have not as yet identified any carrying the disease. Thus what we are getting here in fact is patients who already had the disease, who got it in childhood, in the rural areas of Goias, Minas Gerais, Bahia and Piaui, and who come from there and are treated in our hospitals here. Naturally, when these people settle in the rural part of the Federal District and are bitten by uninfected barber bugs, they will infect those insects which bite them and the latter can then carry the disease to a patient or an individual who would otherwise have no way of contracting the disease. But for this to happen, it is also necessary that they live in homes made of wattle and daub, favorable to the survival of the barber bug, and these are increasingly rare. But this happens in the rural sector. It does not happen easily or readily, but it can happen. What does happen is that we have hospitals which are generally overloaded with this kind of problem. You see, with Chagas' disease, which frequently involves heart damage, we very often have to use pacemakers, which are relatively expensive to install, to maintain a certain regularity in the heartbeat. This is another pathological situation. Well, again in connection with Chagas' disease, we might mention the patient suffering from an enlarged esophagus or colon, also consequences of the disease, that is to say they are clinical manifestations of it in an organ other than the heart. They too often undergo surgery here.

These people come from other regions, and are treated here, and generally they either return to their places of origin or remain in the Federal District working or studying or engaged in some other activity.

CORREIO BRAZILIENSE: What about goiter?

Jofran Frejat: This is another disease with an endemic incidence in this area near the Federal District. Endemic thyroid enlargement is also called goiter. It represents an iodine deficiency. The Ministry of Health has already issued regulations to the effect that salt must be iodized. But often, in these cities in the interior, this recommendation is not followed, non-iodized salt is used, and goiter develops. It is not a serious illness, but it is often accompanied by certain deficiencies of a mental sort, when the patient suffers from hypothyroidism. And it can have another very serious specific aspect, the swelling in the throat, for which patients come to us for surgery to resolve the problem, because it develops as a deformity of the neck. These are the endemic diseases prevalent in this area. We also have cases of malaria, not in the Federal District, but mainly in individuals living in the Parana Valley, and along those nearby rivers where they go to fish. Fishermen frequently end up as malaria carriers, so that we must provide them with treatment. The endemic diseases here are really those common ones for which there is vaccination: whooping cough, measles, chicken pox--this is not eliminated by vaccination--and polio, which is already showing a considerable decline. Some years ago, Ministry of Health technicians established that there was a possible center of schistosomiasis in Planaltina, because periwinkles, which are the intermediate host for this disease, were found there. Naturally, with the migration of people who were schistosomiasis carriers from the Northeast, these periwinkles could be contaminated and they could then pass on the disease to healthy individuals. The fact is that there was no clear evidence that we had an endemic schistosomiasis problem here. But this has already occurred in other Brazilian cities. Rio de

Janeiro has already had schistosomiasis outbreaks and so have various other Brazilian cities because of this migration. Moreover, this was a concern in connection with the Amazon region, as well. When the people of the Northeast began to migrate to the Amazon region, there was concern that schistosomiasis might be carried from where it is most frequent in the Northeast (Bahia, Paraiba and Pernambuco) to the Amazon area. Many of these diseases can be subjected to relatively intensive control. An example is leishmaniasis, which is now to be found in Brazil, in Rio de Janeiro.

Host Animals

CORREIO BRAZILIENSE: Where is it typical?

Jofran Frejat: Leishmaniasis is found in almost all the countries of South America except Chile. Cutaneous leishmaniasis is known in Brazil as tropical ulcer. It is quite common in Sao Paulo, but can be found in any region of Brazil. The intermediate host can be a dog, cat, etc. This is why we here in the Federal District have long been concerned about preventing diseases in dogs from being transferred to man. Apart from rabies, there are leishmaniasis and a number of other zoonoses which can be passed on to man. We have done intensive work here on keeping dogs off the streets. I do not know if you recall that there was great concern sometime back about the number of dogs running loose in the streets. Today greater care is taken and we have succeeded in overcoming the resistance of the people, mainly in the satellite cities, who do not want the dogcatcher to take away their pets. It is very curious, because they let their dogs out, but when the dogcatcher's wagon approaches, then they bring them in. And this constant battle continues. One day they overturned a dogcatcher's wagon, and on another day attacked one of our employees who was picking up dogs. But the people must understand that dogs must not be in the streets unless they are leashed.

CORREIO BRAZILIENSE: And this disease of which you spoke which is carried by dogs--is it transmitted only by bites?

Jofran Frejat: No, that's not it. There is an insect, the Phlebotomus, which can bite the infected dog and then bite a human being, thus passing on the disease. This also happens with yellow fever, which is not an urban disease, but occurs in the jungle, where the Aedes aegypti, a species of mosquito, bites a monkey, which is generally the carrier, and then transfers the disease to the hunter or the fisherman or any other individual in the forest. Any of these diseases can develop endemically in a region. The concern we must have, and which the Ministry of Health does have with yellow fever, and it is now being extended to malaria, is to prevent its possible transfer as an outbreak to the larger cities, as has happened with leishmaniasis now in Rio de Janeiro.

CORREIO BRAZILIENSE: It is thought to have been brought in by the flow of migrants?

Jofran Frejat: Probably some infected person, and this occurs frequently. Those working in dermatology or medical clinics, for example, often see patients suffering from tropical ulcer, or in other words cutaneous leishmaniasis, or visceral leishmaniasis, also known as kala-azar.

CORREIO BRAZILIENSE: What are the symptoms?

Jofran Frejat: Well, it generally begins with a period of fever, an incubation period, which may last from 10 days to 4 months. Lymphonodi, or swollen ganglia, develop, along with hepatic or splenic lesions, that is to say lesions on or swelling of the liver or spleen, temperature variations with fever peaks, prostration and reduced working capacity. If suitable treatment is not provided, the visceral type, or kala-azar, can lead to death. But we have excellent resources today for its treatment--the antimonials, that is the pentavalent compounds of antimony which provide excellent treatment with a certain ease. And the solution to preventing the spread of this disease is the elimination of the possibility of its transmission by the Phlebotomus, which bites the dog or cat and passes the disease to man. It is really then a public health question. Fortunately, with this work of catching and vaccinating dogs which is being pursued here in the Federal District, we have reduced the incidence. As far as I can remember, we have not recently had a single case of leishmaniasis. Naturally, this is the result of this work which is being done. Since 1979, we have vaccinated an average of between 100,000 and 120,000 dogs annually, and we are picking up these dogs en masse. The people must understand that it is necessary that we pick up these dogs.

CORREIO BRAZILIENSE: Does the mosquito only transmit the disease if the dog is infected?

Jofran Frejat: Oh, yes. If it bites a dog which is not infected, there is no way it can transmit the disease to a human being. But the dog is not only a carrier of rabies or only of leishmaniasis, but of a whole series of other zoonoses. There are 20 diseases in all it can transmit. Thus a dog can serve an important guard function, but if it is infected, it can be dangerous to the family. We often see that our children want to sleep with their dogs in their arms. They are close to the dogs all the time and may be licked by them, and this is something everyone knows.

CORREIO BRAZILIENSE: Are you saying that you have not found outbreaks of any disease which is not native here?

Jofran Frejat: Not any prevalent disease. For example we have schistosomiasis carriers who come mainly from the Northeast, but no case in the Federal District itself.

CORREIO BRAZILIENSE: Are you speaking of individuals who come for treatment or of individuals who come without knowing they have the disease? I mean those who come with this migratory flow.

Jofran Frejat: Well, you see, the Federal District has a curious characteristic. A short time ago the secretariat of social services published a very important and interesting work on the migratory flow into the Federal

District. An unprecedented phenomenon was noted here. Three percent of the migrants come here for educational purposes and 2.8 percent seeking medical aid. In other words, the percentages are practically the same, and this very rarely happens anywhere else in the country. Generally speaking, those seeking education constitute a much higher percentage than the people seeking medical aid. It is to be expected then that these people coming in search of medical aid will come because of the diseases native to their regions. In fact, with people coming in over a period of years we note an increase in certain diseases here. For example this case of schistosomiasis, as I said, and the number of patients who are carriers of Chagas' disease or have goiter. Now this work which is being pursued here, this regionalization campaign, in which individuals are provided with aid near their homes and are supervised from the very beginning, has prevented us from having major problems.

Poliomyelitis

Look at the case of poliomyelitis, for example. We used to have an average of 15 cases of polio a year in the Federal District. Last year we had three, in unvaccinated children. And now, in 1982, we have not had a single case. Measles, which is another endemic disease which could even possibly become epidemic, has a rather high incidence in Brazil as a whole, and we had here 2,500 cases in 1980. We succeeded in reducing this figure to fewer than 700 cases in 1981. This is an important step, and the figure should drop further, because we have succeeded in vaccinating practically 84 percent of the population under a year of age, thus preventing them from getting measles, or if they do, guaranteeing that it will be mild. Measles kills more patients than polio. The complications of measles are very important. Quite commonly mothers still believe, because of what their grandmothers told them, that children must have measles because we all get measles. There are really major problems in connection with the health education of various segments of the population. A short time ago we identified three cases of typhoid fever in one of the slums in the Federal District, more specifically in Chaparral, in Taguatinga. And we tried to undertake mass vaccination in that satellite city, and we reached a rather significant number with the first dose. But when it came to the second dose, there was tremendous resistance, since the vaccine hurts a little on being injected. And not infrequently the people say: "Listen, I prefer having the disease to taking the vaccine," not realizing that this could really lead to a very serious situation, with hospitalization lasting 2 or 3 months for the treatment of typhoid fever. This task of reeducating and redirecting the people is a very difficult one. I personally went to this poor quarter, going from hut to hut to urge the people to be vaccinated. Even so the results were not what the people hoped, and they could have been better. There is stubborn resistance. It is still believed that much will be resolved by time, that it is possible to get the disease and not die. But they forget that sometimes it is necessary to stay 2, 3 or more months in a hospital, totally unable to work.

CORREIO BRAZILIENSE: The diseases related to migration then are goiter and Chagas' disease...

Jofran Frejat: Yes, they are becoming a public health problem here, that is to say a problem in the preventive sector, because we are working to prevent their occurrence. But it also becomes a medical aid, a curative medicine problem. This pertains to the individual who comes with goiter already developed, who already has schistosomiasis, or already has Chagas' disease. For them, naturally, there is no longer any way to prevent the disease. We can only improve the situation of the patient so that he will lead a life of relatively good quality. Thus we probably do not have any major center which could become endemic at present. Now there are other diseases for which there is vaccination, for example polio, measles, whooping cough, diphtheria, tetanus, etc. The work being done on them, involving the regionalization of care in health centers, is such that we have achieved vaccination levels never before reached. Thus we have--look at the proportion--a level of vaccination against polio of 97 percent, although the goal is 100 percent, that would be the ideal for us, a full 100 percent. We have an 84 percent level of vaccination against measles. That against whooping cough, diphtheria and tetanus is 94 or 93 percent. This then is a rather high index, which practically makes it possible to break the chain of the disease. But I believe that Brasilia is a special case. Brasilia was the first unit in the Federation to establish a system of primary care allowing the people to obtain practically immediate medical care without waiting in line or other major problems. And this is happening now, moreover, because some years ago one saw what could be seen yesterday on a television program showing this in other cities of the country--those lines of people waiting from 8 or 9 in the evening until the following day to see a doctor. We have really succeeded in eliminating this in the Federal District. And we have also achieved medical coverage which gives the people ready access to health centers and hospitals with greater ease. Although the situation is not yet ideal, we are proceeding rapidly toward a rather reassuring situation. Another important fact is that these health centers also provide education, because we offer regular courses for pregnant women, adolescents, a whole series of segments of society which need help, which is practically unknown in Brazil. And this has really provided the people with important information, so that they can learn how to care for themselves. There is information on hygiene, on vaccination, preparing babies' bottles, etc., apart from the child growth and development program. The result of this is a monthly or bimonthly follow-up, and children are checked as they develop, to see whether they are growing properly or not, if they have worms, etc. This has reduced infant mortality in the Federal District to the lowest level in Brazil. Today we have infant mortality of 33.5 per thousand live born, the lowest rate in Brazil, and it should drop further. We should end the year 1982 with a much lower rate than that.

CORREIO BRAZILIENSE: And concerning migration, have you any figures as to whether it is increasing or decreasing, or whether there is any change in direction?

Jofran Frejat: In the medical sector, migration is increasing. This is a natural process. Whenever medical care is improved or better access for the people is provided, there is a tendency for the number of migrants seeking medical aid to increase. I would not be able to say how many are seeking to engage in other activities, such as for example education or work. Perhaps the secretariats involved, or even the secretariat of social services itself, which has surveyed this, could tell you. Now in the health area, we have a rather significant increase.

CORREIO BRAZILIENSE: But is the migration mainly from the geoeconomic region or does it come from the Northeast?

Jofran Frejat: No, we have here people from Bahia, Piaui, Maranhao, even the Amazon region, from Mato Grosso, Goias and Minas Gerais, and then from all of this surrounding region here, Unai, Padre Bernardo--they all come into the Federal District.

CORREIO BRAZILIENSE: Would this involve people who come only to be treated and then return?

Jofran Frejat: Only for treatment, and then they go back. They come, they are treated and they return. And very often the problem is the following: they come and are treated but have no way to get home. We have maintained relations with the social service secretariat so that--and they have collaborated--we can provide tickets for patients to return home. But this is for those who are fully and completely recovered. But you see, there are patients who still have rather major problems of a physical nature but could stay at home being cared for by their families while they convalesce, but are not in suitable condition to return to their cities of origin. Very often as a result of this they stay, taking up space in a hospital for weeks or months. And no immediate solution can really be provided to this problem either by the secretariat of social services, however much goodwill it may have, or by us. The solution would in fact be what Governor Lamaison has already proposed--establishing a support hospital to accommodate these people and to free the most urgently, acutely and seriously needed beds in the central hospitals.

CORREIO BRAZILIENSE: Is there any plan as yet?

Jofran Frejat: Yes, we have a plan and we even have the premises, we already have everything....

CORREIO BRAZILIENSE: Where?

Jofran Frejat: The facility will be behind the kennel, beyond the Buriti Palace--back there.

Shelter

CORREIO BRAZILIENSE: What will this be called, a motel?

Jofran Frejat: No, it is not a motel. It is a kind of hospital-shelter. This is very common in the United States. But there it is not quite the same. There the patients being treated for diseases such as cancer, for example, are treated in the hospital and then go to a residential facility almost adjacent to the hospital. In other words, they are in permanent touch with the hospital, but it is a kind of hotel where the individuals convalesce. Take the example of the Brazilian children who have gone to the United States for chemotherapy for leukemia or problems of that nature. Memorial Hospital in New York has beside it what amounts to a hotel, called Paison House, where the children even in the acute stage and their parents are accommodated. Even in the acute phase, while being given their own medication, they remain there and do not take up hospital beds unless they are in serious danger. It is a kind of hospital-shelter, where they have medical care, although it is basically a lodging facility. What we want here is for them to have medical care, not the kind requiring a doctor on permanent duty, but a place where the doctor goes and checks the patients and the nursing personnel takes care of them. Consider the case of a seriously injured patient, who is immobilized with hanging weights for a long time. He may stay 3, 4 or 5 months in the hospital, taking up space, when what he really needs is some nursing care and some medication. But he is occupying a bed. This is not his desire, although he has every reason to want a bed, but he could be located in other premises providing less intensive care, instead of a very crowded and highly complex hospital like the Base Hospital, Taguatinga Hospital, Gama Hospital, etc. For example, patients with malignant diseases receiving chemotherapy treatment would also be placed there, because all they really need is to be transferred for their chemotherapy and returned to the premises. For the rest, they need nursing care to see that they are taking their medication properly and to see to body hygiene and other things of this sort. This then is the plan drafted by the government of the Federal District, which wants, by the end of its administration, to have a complete health system, not only in the primary sector, as we have explained, but in the areas of secondary and tertiary care as well.

5157
CSO: 5400/2181

OUTBREAK OF HEPATITIS IN PARAIBA CONFIRMED

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 26 Jun 82 p 13

[Text] The outbreak of hepatitis in the Paraiba Valley has been confirmed. This statement was made by an official of the regional health secretariat, which has its headquarters in Sao Jose dos Campos. He preferred not to be identified, out of fear of reprisals, because the state health secretariat has said officially that "Announcement of this news may create a panic among the people."

In Sao Jose dos Campos, 140 cases per 1,000 inhabitants were reported last year, while in Santa Branca, more than 400 cases per 1,000 inhabitants were diagnosed in January and February of this year. This is one of the highest indices yet encountered.

Although the regional health authorities point to the indiscriminate use of water taps or sources in settlements not yet supplied by the SABESP distribution network, a sanitarian in Taubate, who is also employed by the state health secretariat, said yesterday that "The problem is directly linked with the lack of sanitation in the Paraiba Valley." He said that, to mention only one example,"95 percent of the sewage is treated" in Sao Jose dos Campos, the city with the largest population in the region--about 300,000. Meanwhile, Taubate, the second largest city, with a population of 200,000, dumps all of its sewage without any treatment whatsoever into the Paraiba. According to official figures, only 14 percent of the domestic sewage in the valley is treated, on an average, while industry has reached the 20 percent level.

Thus, according to this sanitarian, although the river is "self-purifying," there is the "hypothesis"--because it has not yet been proved by research--that an outbreak occurring in one town can serve to spread the disease to the neighboring communities. The towns located on the upper part of the river which discharge their raw sewage into the Paraiba will spread disease to the towns located downstream, which use the same river as their main source of drinking water for distribution to the population.

The State Sanitation Company, however, has since March been implementing Article 9 of the Health Code, which requires the residents of homes served by the collection network to connect their sewers with the system, and it is even serving notice on slum dwellers. Two inspectors from the local health center, aided by the SABESP, are drafting reports on homeowners and summarily closing septic tanks. However this sanitarian wonders: "Why require the hookup if the sewage is not treated and will further contaminate the Paraiba?"

5157
CSO: 5400:2181

BRIEFS

MENINGITIS OUTBREAK DENIED--Mogi das Cruzes--Although two deaths and three confirmed cases have been reported since the beginning of this month, the clinical director at the Santa Casa de Mogi, Francisco Bezerra, yesterday denied that there had been an outbreak of meningitis in the city. He gave assurance that the multiple cases "should not frighten the population," explaining that the disease is common in this cold season. The most recent cases, resulting in death, involved a resident of the Braz Cubas district, 35 years old, and a one and a half year old child whose family lives in downtown Mogi. This child was initially hospitalized in serious condition for what was thought to be bronchial pneumonia. In order to confirm the diagnoses of meningoencephalitis for both the victims, the Santa Casa clinic directors ordered postmortem studies. The problem caused by the occurrence of cases in the municipality was discussed by the aldermen in a meeting at the municipal chambers yesterday, and it was decided to ask the authorities in the health sector to take urgent steps. [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 25 Jun 82 p 14] 5157

CSO: 5400/2181

BRIEFS

PUTUMAYO MALARIA OUTBREAK--Land and cattle activity. Natives and farmers under the jurisdiction of the township of San Jose de Ocune, located in Macocova, of the indigenous reservation of Cavasi, in Putumayo, are being decimated by a malaria epidemic. This was reported to the minister of health in a dramatic letter containing a request for a medical team and drugs to control the illness. Those who signed the letter anxiously requested aid and addressed the minister as follows: "Doctor, we would be grateful for your attention to our requests, because if you do not do so very soon, we will die--some from fever, others from starvation. The children are the ones who will starve, because the parents, who are afflicted with malaria, cannot work to support their children." [Text] [Bogota EL TIEMPO in Spanish 26 Jun 82 p 5-F] 8255

CSO: 5400/2185

BRIEFS

ENCEPHALITIS-BEARING TICKS REPORTED--Population has been warned that ticks bearing viral encephalitis have been found in several areas of Central Bohemia region. Areas reported were Brezinice, Dobris, Kokorin, Kutna Hora, Vltava River area south of Prague to the end of Central Bohemia region, Sazava River and Berounka River Basin. Areas specially infested in the Kutna Hora locality were Zbraslavice, Cervene Janovice and Habrkovice. [Prague SVOBODNE SLOVO in Czech 29 Jul 82 p 4]

CSO: 5400/3009

HEALTH MINISTRY INITIATES POLIO VACCINATION CAMPAIGN

Campaign Begins in Cairo

Cairo AL-AHRAM in Arabic 20 Jul 82 p 8

[Article by Faruq 'Abd-al-Majid]

[Text] The Ministry of Health began yesterday an innoculation campaign against polio in Cairo Governorate, gradually extending it to the other governorates. This is to include the high-density residential quarters beset by the problems of sewer overflows or the shortage of water. The campaign aims at administering three doses of the vaccine at 6-week intervals to approximately one-third of a million children in Cairo, ranging in age from 2 months to 3 years.

Minister of Health Sabri Zaki announced that there are sufficient quantities of the vaccine and they have been distributed to the [governorates'] health directorates, rural units and health bureaus which will administer them to citizens free of charge. He added that Egypt is completely free of any epidemic disease and that the degree of readiness has been raised in all quarters to confront any disease which might arrive in the country during the summer solstice as a result of the return of Egyptians working abroad and the approaching pilgrimage season.

Rise in Polio Cases Checked

Cairo AL-AHRAM in Arabic 22 Jul 82 p 1

[Text] Dr Imam Zahglul, head of the Vital Medicines and Vaccines Authority, announced that the campaign against polio in the governorates of Cairo, al-Qalyubiyah, al-Minufiyah, Gizah, Alexandria and Asyut has achieved noticeable success in protecting children from the threat of this disease. These governorates had been selected because they were distinguished by a noticeable elevation in the rate of affliction and children up to the age of 3 years were innoculated.

CSO: 5400/5020

PRESS TOLD ACHIEVEMENTS IN BIOMEDICAL RESEARCH

Madras THE HINDU in English 16 Jun 82 p 9

[Text] NEW DELHI, June 15--Two experimental leprosy vaccines, developed by Indian scientists, have successfully gone through animal trials and are ready for the first phase of clinical trials.

This was stated by Dr. V. Ramalingaswami, Director-General of the Indian Council of Medical Research (ICMR), while highlighting the achievements in the field of biomedical research at a press conference here.

Dr. Ramalingaswami said that the ICMR, with the help of experts, had drawn up the criteria to be satisfied about safety, effectiveness and quality control of vaccines. These had been conveyed to the two groups of scientists who had developed the vaccines to ascertain whether they conformed to these criteria. After receiving their replies, the ICMR would recommend to the Drug Controller clearance for the first phase of clinical trials.

No hazard: According to him, the vaccines are not based on human leprosy bacilli and hence posed no hazard. The one developed by the Bombay group is based on bacilli originally derived from a leprosy patient in 1950, but subsequently grown in different media. The vaccine developed by the Delhi group is based on bacilli derived from micro-bacteria and not from leprosy patients.

Dr. Ramalingaswami said that it would take some years before these vaccines are established for mass application after different phases of clinical trials.

Another breakthrough: Dr. Ramalingaswami referred to another significant contribution made by an Indian scientist to prevent deformity in leprosy patients. He said the scientist--Dr. Srinivasan of the Central Leprosy Research and Training Institute at Chingleput, in Tamil Nadu--had developed a method which would impart sensitivity to the nerves in the legs of the patient and this, in turn, woudl help prevent ulcers developing in the sole of the foot of the patient.

Asked about the work of a group of scientists in Madras, Dr. Ramalingaswami said this group had not yet reached the stage of vaccine development. This group, he said, had reported to have cultured leprosy bacilli and it was for the scientific community to assess the claim. The question of any progress towards development of vaccine would come later, he added.

Malaria control: The ICMR chief said that in diarrhoeal diseases, the oral rehydration solution developed by one of the ICMR institutes had proved quite effective. In malaria, an integrated environmental control method was sought to be adopted to tackle the recrudescence of the disease, as it had not been possible to control it anymore with chemical insecticides alone. The new method sought to reduce the source of breeding of mosquitoes and control the spread of mosquitoes with the help of microbial insecticides. The integrated method would be tried first in Kaira district of Gujarat.

Contraception research: As regards research in contraception, Dr. Ramalingaswami said the effort was to broaden the range of contraceptive choices. With a view to covering more of younger couples, reversible methods were being explored. He listed, among the achievements, the demonstration of the efficacy of an indigenous plant product (misaptent) for inducing abortion, development of a simple, reliable and inexpensive pregnancy kit, studies on long-acting injectibles, subdermal implants and 'inhibin', a male contraceptive agent.

He said that efforts to develop an anti-fertility vaccine were progressing. Besides the research by scientists in Delhi, work had been initiated on a new vaccine at the Indian Institute of Science, Bangalore.

Regional research centres: Dr. Ramalingaswami said the infrastructure had been strengthened to enable scientists work on problems encountered in different regions of the country. Regional medical research centres would be set up at Belgaum, Bhubaneswar, Jabalpur, Jaipur, Patna, Port Blair, and Shilong. Research manpower was being built through the talent search scheme.

The ICMR has decided to create supernumerary cadre to attract scientists from abroad to work here and the strength of the cadre would be 20.

CSO: 5400/7081

'ALARMING' RISE IN MALARIA REPORTED IN CALCUTTA

Calcutta THE STATESMAN in English 24 Jun 82 p 3

[Text] WHILE malaria cases are increasing alarmingly in Calcutta and five other districts of West Bengal every year, the incidence of malaria is still less in the State than those of Bihar and Orissa. According to Mr Nani Bhattacharya, West Bengal's Health Minister, last year the highest number of cases were reported from Bihar.

In West Bengal, 55,265 malaria cases were detected last year against 81,986 in Orissa and 91,199 in Bihar. All efforts to eradicate the disease have proved useless so far as the mosquitoes carrying malaria parasites have become virtually immune to common insecticides.

Calcutta is the worst affected city in the eastern region. The incidence of malaria has gone up three-fold in the city since 1979. According to official figures, 2,342 malaria cases were reported in Calcutta during 1979. Next year, the figures shot up to 4,400 and in 1981, the State Health Department recorded 6,639 malaria cases in the city alone.

The situation is equally alarming in five districts. In Midnapore, 3,215 malaria cases were detected in 1979. But during the past two years, the cases were on the rise. In 1980, 4,976 malaria cases were recorded there and the cases increased further to 6,746 in 1981.

The latest target of the disease is Jalpaiguri district in north Bengal. While 128 cases were detected in the district in 1979 and only 64 cases in 1980, nearly 4,500 people were reported to be suffering from the disease in that district in 1981.

Among other districts, the number of malaria cases detected in Bankura was 441 in 1979, 1,211 in 1980 and 1,439 in 1981. In Cooch Behar, the figures were 102 (1979), 132 (1980) and 316 (1981). In Darjeeling district, the numbers were 104, 75 and 138 during the years under review.

Only in Purulia district, malaria cases have reportedly gone down. While 4,076 cases were detected there in 1979, the number suddenly shot up to 8,803 in 1980. But the next year, the malaria cases came down to 5,481 in Purulia.

CSO: 5400/7086

BRIEFS

JAMMU CHOLERA CASES--POONCH, June 17 (PTI)--Cholera, dysentery and malaria have broken out in the twin border districts of Poonch and Rajouri of Jammu. No casualty has been reported as yet from anywhere but a large number of persons are, however, suffering from these diseases for the past one week. Teams of medical officers have been rushed to the rural areas to provide medical aid and to take preventive measures to check the epedemic. [Text] [Bombay THE TIMES OF INDIA in English 18 Jun 82 p 15]

COCHIN DYSENTERY REPORTS--COCHIN, June 18 (PTI)--Twenty-two persons, most of them children have died of dysentery in the coastal Vypin region, near Cochin, during the last 75 days. Giving this information, Dr. E. T. Kuriakose, Ernakulam district medical officer, told newsmen today that over 2,000 dysentery cases were treated in various hospitals and dispensaries in the area. As many as 92 fresh cases were reported yesterday. All measures have been taken to control the spread of the disease which had broken out in an epidemic form in the area, Dr. Kuriakose said. [Text] [Bombay THE TIMES OF INDIA in English 19 Jun 82 p 5]

UNIDENTIFIED DISEASE TAKES LIVES--CALCUTTA, June 22--An unidentified disease has claimed a toll of 76 persons during the past few months in Dhupuri Madharihat and Alipurduar blocks of Jalpaigun district, according to Dr. S. Ghosh, Director School of Tropical Medicine. Dr Ghosh told PTI today that a three-member team of specialists from the Institute had returned here after a visit to the affected areas in the blocks for investigation. It was now preparing its report on the findings, he said. The blood sera of seven victims collected by the para-medical staff on examination revealed that the death was not caused by malaria, as suspected earlier, he added. Dr. Ghosh said that the team during its four-day stay had examined 78 new cases of fever. The blood smear report of the patients said that 18 of them, who had taken chloroquinine tablets repeatedly had enlarged spleens and livers. He said it was suspected that these patients were affected by "Kala Azar" and sera of ten had been sent for test to confirm this ('Kala Azar' is a tropical disease caused by a parasite and spread by sand flies. The affected persons will have fever and anaemia. [Text] [Madras THE HINDU in English 23 Jun 82 p 6]

BANDA MEASLES DEATHS--BANDA, June 22 (UNI)--Altogether 15 children have died due to measles this month at Nadanmau village under Bisanda block of the district, about 50 km from here, according to reports reaching here. Chief medical officer G C Agarwal however reported only eight deaths. [Text] [New Delhi PATRIOT in English 23 Jun 82 p 4]

CSO: 5400/7085

BRIEFS

GASTROENTERITIS IN WEST JAVA--Gastroenteritis which coursed through several areas of Bandung Regency leaving dozens dead of the hundreds of victims in April 1981 erupted again in early May. Five of the 386 victims are recorded as having died. Dr A. Abikusna, chief of the Health Service for the Bandung Regency regional government, who was contacted by SINAR HARAPAN, confirmed that the epidemic has spread into 7 of the 26 subdistricts. Generally, information regarding the illness of those who died of the disease was delayed in reaching local health officials and these victims were brought in for treatment only after they were critically ill. All victims who were found in time were treated immediately with tetracycline, oralit, or other medications. Lime was poured into wells. [Excerpts] [Jakarta SINAR HARAPAN in Indonesian 1 Jun 82 p 3] 6804

MEASLES IN CENTRAL JAVA--Six children under 5 years of age died of measles. They all came from Gandek Hamlet, Gedongsari Village, Kedu Subdistrict, Temanggung Regency. Symptoms of the disease are gradual loss of appetite, physical deterioration, rising fever, red cornea, and a skin rash. Children in good physical condition can be cured, but the lives of those who are malnourished are threatened by the disease. [Excerpts] [Jakarta MERDEKA in Indonesian 2 Jun 82 p 4] 6804

MEASLES OUTBREAK IN TANGERANG--Tangerang, 17 Jul (ANTARA)--Twenty-eight children below 5 years of age have died when a measles epidemic swept their kampong at Bayawakan, Kelebet village, Mauk Keca Matan in Tangerang while 119 others of the tots could be saved after medical treatment. The 2-day epidemic, which broke out at the kampong on 5-6 July was quickly brought under control and prevented to spread to neighbour kampongs and areas, the chief of the public relations of the Tangerang government, Nunu Nukman, announced here today. Reached by telephone today, Tarmizi, health official of the contageous diseases section of the Health Service of Tangerang explained that the measles (morbili) known locally as "campak" actually was not a fatal ailment if properly treated. What had killed these children at Kelebet village, Tarmizi, he said, were additional ailments, complications and malnutrition. He reported that a special team of paramedics had been sent to the stricken village to help the people. [Excerpt] [Jakarta ANTARA in English 1123 GMT 17 Jul 82]

CSO: 5400/5686

INTERFERON TREATMENT USED FOR VIRUSES

Tel Aviv DAVAR in Hebrew 8 Jun 82 p 4

[Article by Arnon Magen: "Success at Kaplan in Treating Severe Virus Infections"]

[Text] Doctors at the Kaplan Hospital in Rehovot have cured 12 of 15 patients who were stricken with near-fatal severe virus infections by interferon treatment. In some of the cases the recovery was actually dramatic.

As of now it is being used only to a limited extent, only in clinical tests, and not as a routine treatment. There are very few known clinical tests with interferon which have been so successful.

Four of the patients had spreading simple herpes, three had encephalitis, one had a significant increase in the mucosity of the throat, and one had dermatitis which had developed as a result of measles. All of them recovered completely except for one, but in that case the spread of the infection had arrested. Six others had severe hepatitis, and three of them were cured. The other three died. Most of the patients manifested deficiencies in the immunity mechanism, the symptom of which was that they did not produce interferon which is the natural element formed by the body in reaction to virus infections.

The interferon given to the patients was the leucocytic type which is produced by the Biological Institute in Nes Ziyyona.

The successful treatment was reported by Stanley Levy and Talia Hahn of the Kaplan Hospital and Hagai Rosenberg and Tamar Pino of the Biological Institute in New Ziyyona in the current edition of KETAV HA'ET HAYISRAELI LEMADA'EI HAREFU'A [The Israeli Journal of Medical Sciences] which is published in English by the Medical Confederation in Israel.

The 15 patients, who ranged in age from 3 months to 66 years, were transferred to Kaplan from various hospitals in Israel when they were all in critical condition. Most of them were given the interferon as a last attempt to save their lives or because there was no other treatment.

The authors of the article in recapitulating the test state that it is desirable to administer interferon to patients with virus infections provided that it is given at an early stage of the infection. The treatment is especially effective on those patients who do not produce interferon as a reaction to the virus infections.

5830
CSO: 5400/4730

VERACRUZ TUBERCULOSIS CASES

Mexico City EXCELSIOR in Spanish 5 Jul 82 pp 5-A, 33-A

[Article by J. Cabrera Parra]

[Excerpt] Zongolica, Ver., 4 July--A little more than 40 persons have become victims of tuberculosis in the first half of the present year in the state of Veracruz, where poverty and neglect overwhelm a population of more than half a million inhabitants that is increasing at a rate of 2.5 percent, considered to be extremely high, given the shortage of services available to them.

Located within one of the wealthiest areas of the Sierra Madre Oriental, Zongolica is one of the poorest areas in the country, in which a great variety of diseases each year decimates a mainly mestizo population, that dies from all forms of enteritis, from diarrheal diseases that spread because of a shortage of drinking water, from whooping cough, and from anemia, as well as from the rheumatic fever that disables both children and the old, at least two cases of which appear in any community of 10 to 500 inhabitants. In towns like Mixtla de Altamirano, Acutzingo, Soledad Atzompa, and chiefly Zongolica (capital of the XX Federal Electoral District) alone, 40 cases of tuberculosis have appeared in less than 6 months.

The 17 health centers that are located in this district--the most important of which are located in the cities of Orizaba and Ciudad Guzman--are inadequate to treat the needs of a population that is overcome by acute malnutrition (85 percent suffers from irreversible malnutrition) and who consequently do not attain a minimum acceptable growth, which is 10 percent less than the normal. A drinking water shortage, which affects more than 85 percent of the towns, prevents the inhabitants from engaging in habits of personal cleanliness. These must be performed in small streams, for the most part contaminated.

In spite of the wealth of the region, there are no means of environmental sanitation, since almost all of the houses lack drainage. Physiological needs are taken care of outdoors, in courtyards or roads, where the natives walk about barefoot, which causes them to absorb viruses and microbes from the excrement that is putrefied by the sun. It is also easy to note, in addition to the stunted growth, deformations of the nose, mouth, or face, caused in general by disfiguring viruses or microbes.

The rivers and rivulets that cross the plateaus and the valleys--the Orizaba, Blanco, Tonto, Atoyac, and Metlac--for the most part are contaminated, to the extent that less than 2 months ago more than 14 persons died from the mere fact of having touched the water of the Atoyac River, which contains deadly contamination produced by the factories of Orizaba and Cordoba because of the indifference of the federal authorities. The state government has recently started a comprehensive health program which, together with SAHOP [Secretariat for Human Settlements and Public Works], may be able to attain results soon.

8255
CSO: 5400/2186

PRESCHOOL IMMUNIZATION AGAINST DIPHTHERIA INADEQUATE

Christchurch THE PRESS in English 26 Jun 82 p 1

[Excerpts]

One in 10 children under the age of five in Christchurch are not adequately immunised against diphtheria, a statistic that is of concern to the Health Department, according to the Deputy Medical Officer of Health in Christchurch, Dr M. A. Brieseman.

Lack of adequate immunisation against whooping cough is also worrying Dr Brieseman, who said yesterday that there was an outbreak of whooping cough in Christchurch.

"The Health Department is looking into it at the moment; we are trying to find out why there is so much whooping cough about," he said.

The outbreak had affected even some of the children who had been vaccinated against the disease, he said.

"Many people tend to think that diphtheria is a disease that is not about any more, and so they do not worry very much about keeping up the vaccines," Dr Brieseman said.

"Consequently, a number of children are left unprotected."

Dr Brieseman said it was possible that there could be an outbreak, especially among children in close contact with one another at schools or play schools.

Dr Brieseman said that in 1980, 91 per cent of all children starting school at the age of five had been immunised against diphtheria.

The Health Department had added another 4 per cent to his figure by its immunisation programme in schools.

Dr Brieseman said there had been two cases of diphtheria reported in Christchurch in recent years, both in 1976.

An article in the latest "New Zealand Medical Journal" by Mr C. J. Clements, of the Health Department in Wellington, said that pre-school children were not adequately protected against diphtheria, and he called for a significant rise in the pre-school immunisation rate.

The article said that a survey of nine Wellington schools last winter showed that 11.11 per cent of Maori children were not immunised, compared with 0.85 per cent of European children.

Mr Clements suggests that a computer-based recall system for every notified birth, linked to Social Welfre benefits, would improve the rate of childhood immunisation.

CSO: 5400/9088

BRIEFS

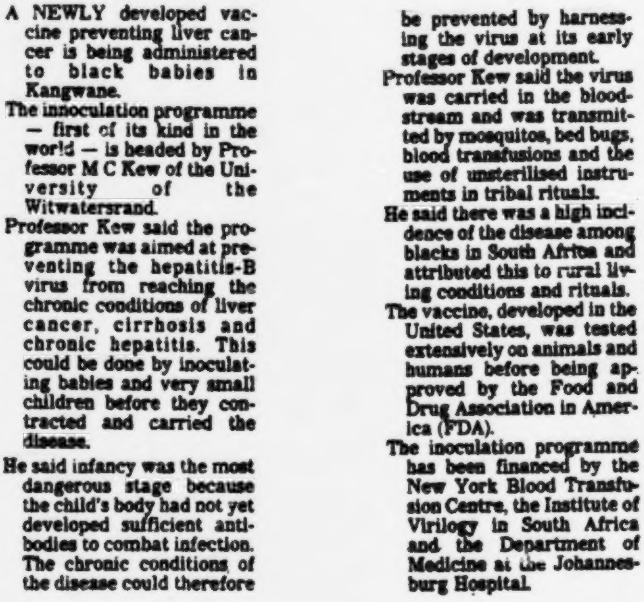
GASTROENTERITIS, MALARIA OUTBREAK IN JOLO--Jolo, July 12--Brig. Gen. Mariano G. Miranda, commanding general of the 1st Infantry (Tabak) division, Philippine Army, said the islet sitio of Tubigan in Pangutaran, Sulu, had an outbreak of gastroenteritis and malaria, and not cholera as earlier reported. Marinda led a group of army officers in visiting the sitio. Dr. Nelsa Amin, provincial health officer, supervised free medical consultation and treatment to stricken residents. Miranda met with Mayor Sahibil Baga and Barangay Captain Arola Saji and other barangay officials and residents. The people asked for standby medicine for diarrhea, malaria, cold and fever. The general promised to ask government agencies to give medicine. The general also said he will find out if chemicals could be sprayed in several places to eradicate malaria-bearing mosquitoes and flies. He asked the people, mostly Visayans, Tausugs, Samals, and Badjaos, to observe cleanliness, construct toilets, cook their food properly, and boil their drinking water. [Text] [Manila BULLETIN TODAY in English 13 Jul 82 p 9]

CSO: 5400/5683

CANCER VACCINE GIVEN TO BABIES

Johannesburg RAND DAILY MAIL in English 5 Jul 82 p 4

[Text]



A NEWLY developed vaccine preventing liver cancer is being administered to black babies in Kangwane.

The innoculation programme — first of its kind in the world — is headed by Professor M C Kew of the University of the Witwatersrand.

Professor Kew said the programme was aimed at preventing the hepatitis-B virus from reaching the chronic conditions of liver cancer, cirrhosis and chronic hepatitis. This could be done by inoculating babies and very small children before they contracted and carried the disease.

He said infancy was the most dangerous stage because the child's body had not yet developed sufficient antibodies to combat infection. The chronic conditions of the disease could therefore be prevented by harnessing the virus at its early stages of development.

Professor Kew said the virus was carried in the bloodstream and was transmitted by mosquitos, bed bugs, blood transfusions and the use of unsterilised instruments in tribal rituals.

He said there was a high incidence of the disease among blacks in South Africa and attributed this to rural living conditions and rituals.

The vaccine, developed in the United States, was tested extensively on animals and humans before being approved by the Food and Drug Association in America (FDA).

The inoculation programme has been financed by the New York Blood Transfusion Centre, the Institute of Virilogy in South Africa and the Department of Medicine at the Johannesburg Hospital.

CSO: 5400/5692

FIFTH TYPHOID VICTIM DIES

Johannesburg THE CITIZEN in English 22 Jul 82 p 11

[Text]

A FIFTH person has died in the typhoid outbreak at the Weskoppies Psychiatric Hospital in Pretoria and 23 patients are still being treated for the disease.

Five of these patients who, according to Dr James Gilliland, deputy Director-General of Health, are in a serious condition, are being treated at the Kalafong Hospital.

The latest death occured at Weskoppies, but Dr Gilliland said the situation there appeared to be stabilizing.

It has now been established that 20 patients at Weskoppies are carriers of the disease and they have been isolated from the other patients.

They are not ill, but they are being treated to rid their systems of the typhoid bacteria. They may have become typhoid carriers in the hospital as it needed only one person to bring it in.

Meanwhile, the ward in which the outbreak occured, which contains 300 patients, is still being isolated as well.

"We will continue to keep it isolated until we are absolutely sure there are no more cases of typhoid," Dr Gilliland said.

There was no danger of the disease spreading to other parts of the city.

● The Department of Health has not been notified of any more cases of polio and the latest figures remain at 242 children affected, with 22 deaths.

CSO: 5400/5692

POLIO SCARE HITS VAAL TRIANGLE

Johannesburg SOWETAN in English 16 Jul 82 p 1

[Article by Charles Mogale]

[Text] A big polio scare has hit the Vaal Triangle--and at least 7 000 children were vaccinated in Evaton township alone this week.

Hundreds of parents who could not make it to the front of the queues have been forced to make several trips to the vaccination points in bids to get their children immunised.

The scare stems from unconfirmed reports in the township that a Vaal kid had been found to have contracted the disease by doctors at Baragwanath Hospital in Johannesburg.

Staff at the treatment points said they had been working extra hours from the beginning of the vaccination crusade. The 2 000 kids treated yesterday were said to be "nothing compared to the crowds we've had all week."

Some parents interviewed in the crowds said they had stayed away from work to be able to take their children for vaccination.

By early yesterday morning, the queue at the Methodist Church in Bodea Road was more than 600 metres long and the crowds were still pouring in.

The township has no clinic and the residents have to rely on the one in Zone 7 Sebokeng for their needs.

The Vereeniging Medical Officer of Health, Dr Henry Benrstein, said his area was "well protected" and the fears were unfounded. He said there had been no known cases of polio since the big scare and if it were traced it could only have come from visitors to the area.

CSO: 5400/5684

CARRIERS FOUND AMONG TYPHOID SUFFERS

Johannesburg THE CITIZEN in English 21 Jul 82 p 14

[Text] AN unspecified number of typhoid carriers have been identified among the patients at the Weskoppies Hospital Pretoria, Dr James Gilliland, Deputy Director-General of Health said yesterday.

However, another Weskoppies patient, who was being treated for typhoid at the Kalafong Hospital, near Pretoria, died on Monday night. This brings the death toll from the typhoid outbreak at Wes-koppies to four.

Another patient has also contracted the disease, bringing to 17 the number who are currently being treated for it.

Dr Gilliland said he was not sure how many typhoid carriers had been identified to date, as not all the tests had been completed nor had all the laboratory results been obtained.

Isolated

Those who had been identified were also undergoing treatment, and the ward at the hospital when the outbreak occured is still being isolated.

Dr Gilliland said it was possible that some of these people had become carriers of the disease in the hospital. A person can be a typhoid carrier without showing any of the symptoms of the disease.

Meanwhile, another child has died from polio, the 22nd since the outbreak began in Gazankulu early in April.

Since Friday, 16 more polio cases from Gazankulu and Lebowa have been reported. This means that since April, 242 children, all under the age of five, have contracted the disease. Six cases have been reported at Ga-Rankuwa and one in the Johannesburg area.

Polio

Dr Gilliland said that in the rural areas, about 65 percent of the population was immunised against polio. The number in the badly affected areas was much lower.

CSO: 5400/5688

SOUTH AFRICA

BRIEFS

POLIO EPIDEMIC ABATES--Two more children have died at the Letaba Hospital from polio but health authorities say the epidemic is abating. The deputy director general of health, Dr James Gilliland, said yesterday five more children had been admitted to the hospital suffering from polio. The total number of children who have been admitted to hospitals in the Transvaal following the outbreak of the epidemic is 247. Twenty-four have died. "There has been a good response to the immunisation campaign and the normal character of polio is that within two to three weeks of mass immunisation the disease starts to diminish," Dr Gilliland said.--Sapa [Text] [Johannesburg THE CITIZEN in English 23 Jul 82 p 13]

MORE TYPHOID CASES--Two more patients from the Weskoppies Psychiatric Hospital in Pretoria have contracted typhoid. The outbreak at the hospital has so far claimed five lives. The Deputy Director-General of Health, Dr James Gilliland said yesterday that 19 typhoid cases were being treated at Weskoppies and six at the Kalafong Hospital. All patients were improving with the exception of one at Kalafong who was "seriously ill." [Text] [Johannesburg THE CITIZEN in English 23 Jul 82 p 8]

TWO TYPHOID DEATHS--Two people who were admitted to the Weskoppies Hospital near Pretoria and then transferred to the Provincial Hospital, Kalafong, have died of typhoid. Another five cases have been confirmed while another 11 are being treated, but tests still have to confirm whether they have typhoid. Deputy Director-General of Health, Dr James Gilliland, said late yesterday that the 11 victims had been "clinically diagnosed" as having typhoid but they were still awaiting confirmation. "Clinical diagnosis takes some time before we can confirm anything," he added. The people who had died of the disease and the admitted case were all Blacks. No whites had contracted the disease, he said. Dr Gilliland said "about 15 cases are admitted to Weskoppies every day and I am quite sure that one of the victims was infected with typhoid." [Text] [Johannesburg THE CITIZEN in English 19 Jul 82 p 3]

TYPHOID KILLS AGAIN--A third person has died in a typhoid outbreak in Pretoria. The Deputy Director-General of Health, Dr James Gilliland, confirmed that another 17 people were being treated for the disease. The first victims were patients admitted to Pretoria's Weskoppies Mental Hospital. They were transferred to the Kalafong Hospital for blacks in Atteridgeville. Dr Gilliland said today that the disease had not been caused by conditions at Weskoppies Hospital, but had been brought in by one of the patients admitted. Dr Gilliland said he could not definitely tell where the disease might have originated. [Text] [Johannesburg SOWETAN in English 20 Jul 82 p 2]

CSO: 5400/5688

JUMBE SAYS DYSENTERY OUTBREAK TO BE CONTAINED AT MONTH'S END

Dar es Salaam DAILY NEWS in English 1 July 82 p 1

[Text] THE Chairman of the Zanzibar Revolutionary Council and President of Zanzibar, Ndugu Aboud Jumbe, said yesterday the dysentery outbreak on the Isles was expected to be completely contained by the end of this month.

Ndugu Jumbe, who was addressing regional commissioners, medical personnel who had been combating the outbreak and other government officials, directed that action should be taken against those suffering from the disease but refused to be sent to hospitals.

According to Radio Tanzania Zanzibar monitored in Dar es Salaam last night, Ndugu Jumbe explained that individuals who contracted the disease but refused to go to hospitals were behind its spread.

Such people should be forcefully taken to hospital, he said.

Ndugu Jumbe recalled that the dysentery outbreak had occurred in the Isles in the past but the disease was completely wiped out following a co-ordinated onslaught against it.

The Party should educate the people on the importance of observing the basic rules of health in order to completely wipe out the disease just as they did to cholera.

CSO: 5400/5671

DYSENTERY RATE INCREASES, THOUSANDS DIE

Bangkok DAO SIAM in Thai 19 Jun 82 pp 3, 11

[Article: "Many Thais Die from Dysentery"]

[Text] Mr Phaetkhati Chirayut, director of the Bureau of Common Infectious Diseases, Department of Infectious Disease Control, said that even though the severe infectious diseases, KAT fever, smallpox, and yaws, have been eliminated completely for quite a while and cholera, malaria and leprosy have become less severe, certain types of infectious diseases are still a great problem today: those characterized by diarrhea. These diseases are an important national public health problem because they are the cause of 50 percent of all deaths of infants and children under 5 and the number one cause of death in children under the age of 1 year from infectious disease. From discussion in a report of the Bureau of Epidemiology [line illegible] public health, it appears that there has been a yearly increase in the incidence of dysentery, from 98,662 in 1977 to 199,493 in 1981.

The director of the Bureau of Common Infectious Diseases revealed that in the past 4-5 years approximately 90,000 children under 5 died each year from infectious diseases, of which 20,000 could have been prevented by vaccinations. In addition, 80-90 percent of sicknesses of children under 5, that is of pre-school-age children, are preventable infectious diseases. Therefore, the fifth public health development plan has as its goal the reduction of the rate of sickness and death from infectious diseases preventable through vaccination--diphtheria, whooping cough, tetanus, polio, and tuberculosis--through budgetary support from the government and foreign aid.

Mr Phaetkhati Chirayut, director of the Bureau of Common Infectious Diseases, pointed out that in 1982 the Department of Infectious Disease Control set the goal of improving protection of children against diseases by vaccinating 70 percent of infants at 1 year against tuberculosis, diphtheria, tetanus and polio; and vaccinating at least 80 percent of school-age children in years 1 through 6 against tuberculosis, diphtheria, tetanus, and typhoid. At the same time, vaccination against tetanus will be given to at least 60 percent of pregnant women. For dysentery, from which the rate of sickness and death is still high, the Department of Infectious Disease Control has set the goal of reducing the death rate by giving powdered sugar and mineral salts, and guarding against infections due to food, and of reducing the rate of sickness by improving sanitation of mothers and children in terms of food and clean water.

9937
CSO: 5400/5663

HIGH RABIES DEATH RATE NOTED

Bangkok SIAM RAT in Thai 28 May 82 pp 1, 12

[Article: "A Thai a Day is Killed by Rabid Dogs; Statistics for Males Greater Than Females; Doctors Say There is No Cure"]

[Text] It has been revealed that at least one person a day dies from rabies. There is no cure, only prevention. It has been noted that males are bitten more frequently than females.

Assistant Professor Dr Bunyiam Kiantiwut of parasitology, Department of Public Health, Mahidon University, revealed to SIAM RAT that rabies is still an important problem in our villages, because our prevention measures are not as good as they should be. There is still a high death rate of approximately 365-370 people per year, or an average of one person per day. And these figures are lower than the actual rate, because they only show those people who see a doctor, while in the very rural areas people are unable to get care from doctors. Therefore it is understood that there are many more cases.

Dr Bunyiam went on to reveal that rabies is very severe--that as many as contract the disease will die, because there is no cure. There is only prevention. That is, when one is bitten by a rabid dog, one must hurry to get a protective vaccination. If one waits until symptoms of rabies occur, there is no way to cure it.

In addition, Dr Bunyiam went on to say that medical data show that 49 percent of the incidences of disease are in the central region. The lowest incidence is in the south, while the incidence in the north and northeast are even. Dr Bunyiam gives as the reason for this the fact that more people live in the central region, so when they are bitten they see a doctor at the big hospitals, especially Phrabamratnaratun hospital. And when the figures are analyzed, it turns out that males are bitten by rabid dogs more often than women.

Dr Bunyiam told of the protective vaccine against rabies in our villages. He said that there is not yet enough to use widely because the Sauwapha Institute and the Department of Medical Science have not been able to produce much. They are still making the special vaccine from sheep's brains, containing myelin-cis, which is found in the tissue of the brain and spinal chord of sheep. Myelin-cis itself contains various neuro-paralytic factors that can cause paralysis, although this is rare. They have not yet been able to manufacture vaccines from humans and duck embryos, which are very effective protection, nor can they be bought from foreign countries because of the expense. The Ministry of Public Health's budget is not large enough. However, private clinics use the vaccine ordered from abroad because it is more effective protection.

9937
CSO: 5400/5663

BRIEFS

LEPROSY BUDGET INSUFFICIENT--The budget of only 3,000 baht per year is insufficient to care for leprosy victims, which requires millions of baht. A charitable foundation is asking people to collect donations. Ms Sumali Chatikuanit, head of the Comission to Propagate Technical Skills and public relations person for the Royal Foundation for People's Aid, told about the foundation's work and the obstacles they have met. She said at present they are increasing aid to leprosy victims in settlements by enhancing their livelihood by promoting cloth-weaving in the settlement. At the same time they are trying to find more markets for them. In addition, to promote education a group has been assigned to set up a school for the children of the patients and the citizens. They have now begun operating in Phrapradaeng district, where there are 2,600 people. The commission has plans to improve the education of the people in this area. For this work, the foundation needs a large budget. For the welfare budget to promote a better livelihood, 400,000 baht are needed; to establish schools, 1,407,020 baht; and the Commission to Propagate Technical Skills needs about 217,000 baht. Altogether, the foundation will need 2,157,320 baht for 1982. However, at present the foundation is receiving only 3,000 baht in support from the Ministry of Public Health, which certainly is not enough. Ms Sumali said that they therefore would like to scrape up assistance from believers, who together could gather donations for the foundation to prolong the lives of leprosy victims. [Text] [Bangkok SIAM RAT in Thai 18 Jun 82 p 5] 9937

CSO: 5400/5663

BRIEFS

MEASLES DEATHS IN LUSAKA PROVINCE--Forty-one children have died from measles in Lusaka between January and April this year, Provincial medical officer Dr Chitwa Chimbini said yesterday. Dr Chimbini said there were 383 cases of measles reported in the province during that period and he blamed lack of health consciousness among the public for the high infant mortality in the province. [Excerpt] [Lusaka TIMES OF ZAMBIA in English 13 Jul 82 p 5]

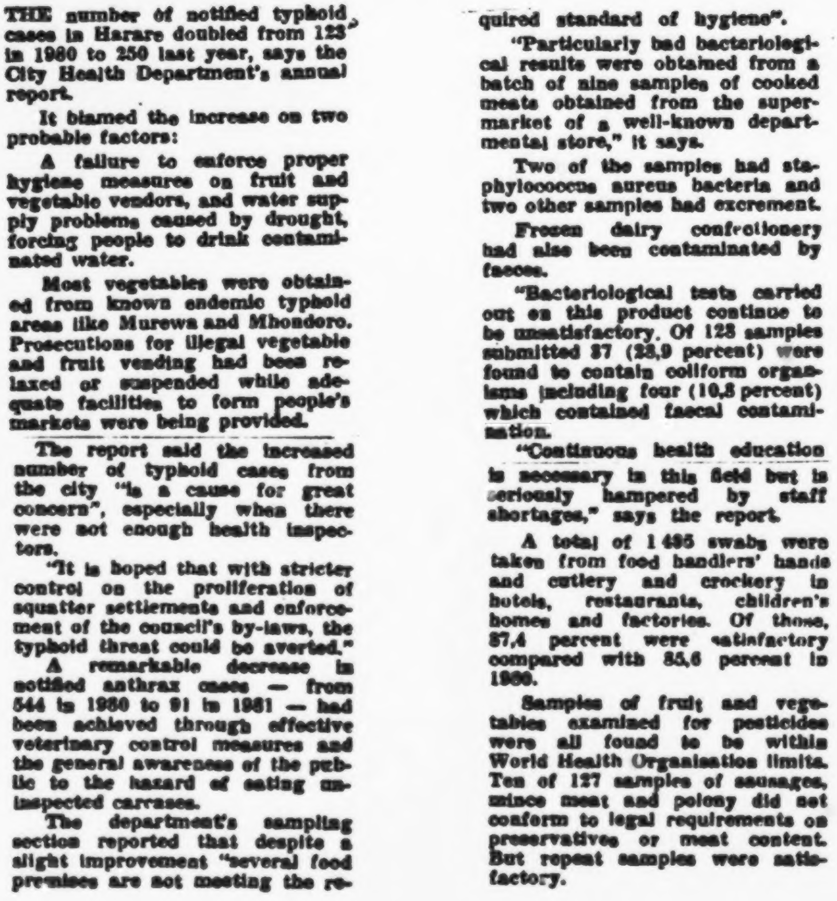
MWINILUNGA DISTRICT DEATHS--An outbreak of measles killed 51 children in Mwinilunga district last month. Minister of Health Mr Ben Kakoma said at the weekend that the toll could be higher as some deaths may not have been reported to local medical authorities. The minister said this at the opening of the first Mwinilunga district Party conference. He attributed the deaths to villagers not reporting incidences of the disease to local medical authorities on time. He only heard of the measles outbreak during a recent visit to Mwinilunga hospital. [Excerpt] [Lusaka TIMES OF ZAMBIA in English 9 Jul 82 p 1]

CSO: 5400/5691

VENDORS LINKED TO SPREAD OF TYPHOID

Harare THE SUNDAY MAIL in English 11 Jul 82 p 1

[Text]



THE number of notified typhoid cases in Harare doubled from 123 in 1980 to 250 last year, says the City Health Department's annual report.

It blamed the increase on two probable factors:

A failure to enforce proper hygiene measures on fruit and vegetable vendors, and water supply problems caused by drought, forcing people to drink contaminated water.

Most vegetables were obtained from known endemic typhoid areas like Murewa and Mhondoro. Prosecutions for illegal vegetable and fruit vending had been relaxed or suspended while adequate facilities to form people's markets were being provided.

The report said the increased number of typhoid cases from the city "is a cause for great concern", especially when there were not enough health inspectors.

"It is hoped that with stricter control on the proliferation of squatter settlements and enforcement of the council's by-laws, the typhoid threat could be averted."

A remarkable decrease in notified anthrax cases — from 544 in 1980 to 91 in 1981 — had been achieved through effective veterinary control measures and the general awareness of the public to the hazard of eating uninspected carcases.

The department's sampling section reported that despite a slight improvement "several food premises are not meeting the required standard of hygiene".

"Particularly bad bacteriological results were obtained from a batch of nine samples of cooked meats obtained from the supermarket of a well-known departmental store," it says.

Two of the samples had staphylococcus aureus bacteria and two other samples had excrement.

Frozen dairy confectionery had also been contaminated by faeces.

"Bacteriological tests carried out on this product continue to be unsatisfactory. Of 128 samples submitted 37 (28,9 percent) were found to contain coliform organisms including four (10,8 percent) which contained faecal contamination.

"Continuous health education is necessary in this field but is seriously hampered by staff shortages," says the report.

A total of 1 495 swabs were taken from food handlers' hands and cutlery and crockery in hotels, restaurants, children's homes and factories. Of those, 87,4 percent were satisfactory compared with 85,6 percent in 1980.

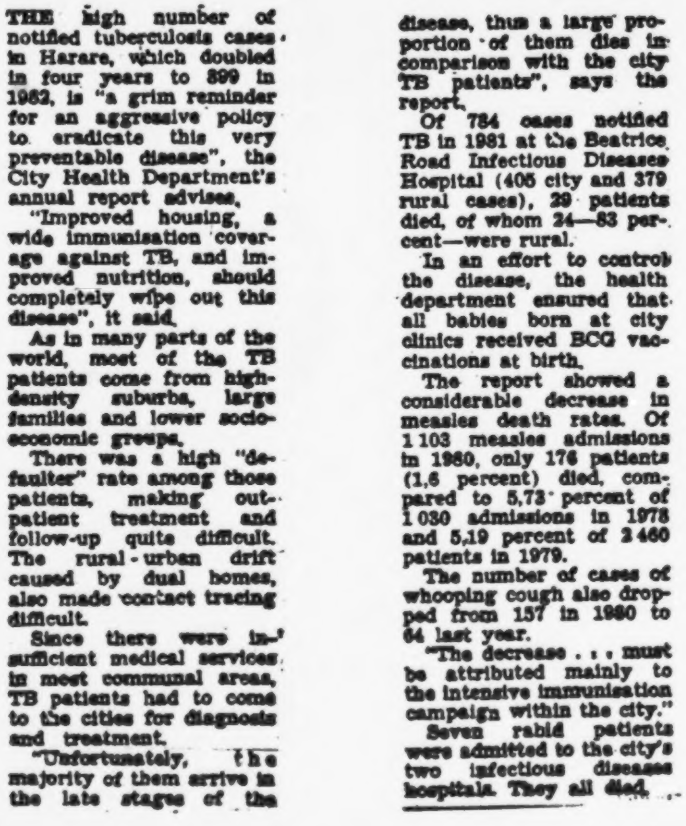
Samples of fruit and vegetables examined for pesticides were all found to be within World Health Organisation limits. Ten of 127 samples of sausages, mince meat and polony did not conform to legal requirements on preservatives or meat content. But repeat samples were satisfactory.

CSO: 5400/5689

TB RATE STILL RISING

Harare THE SUNDAY MAIL in English 11 Jul 82 p 5

[Text]



THE high number of notified tuberculosis cases in Harare, which doubled in four years to 899 in 1982, is "a grim reminder for an aggressive policy to eradicate this very preventable disease", the City Health Department's annual report advises.

"Improved housing, a wide immunisation coverage against TB, and improved nutrition, should completely wipe out this disease", it said.

As in many parts of the world, most of the TB patients come from high-density suburbs, large families and lower socio-economic groups.

There was a high "defaulter" rate among those patients, making out-patient treatment and follow-up quite difficult. The rural-urban drift caused by dual homes, also made contact tracing difficult.

Since there were insufficient medical services in most communal areas, TB patients had to come to the cities for diagnosis and treatment.

"Unfortunately, the majority of them arrive in the late stages of the disease, thus a large proportion of them dies in comparison with the city TB patients", says the report.

Of 784 cases notified TB in 1981 at the Beatrice Road Infectious Diseases Hospital (405 city and 379 rural cases), 29 patients died, of whom 24—83 percent—were rural.

In an effort to control the disease, the health department ensured that all babies born at city clinics received BCG vaccinations at birth.

The report showed a considerable decrease in measles death rates. Of 1 103 measles admissions in 1980, only 176 patients (1,6 percent) died, compared to 5,73 percent of 1 030 admissions in 1978 and 5,19 percent of 2 460 patients in 1979.

The number of cases of whooping cough also dropped from 157 in 1980 to 64 last year.

"The decrease . . . must be attributed mainly to the intensive immunisation campaign within the city."

Seven rabid patients were admitted to the city's two infectious diseases hospitals. They all died.

CSO: 5400/5689

BUFFALO RAISING SEEN AS WAY TO END NORTHERN TERRITORY CATTLE DISEASE

Sydney THE SYDNEY MORNING HERALD in English 7 Jun 82 p 10

[Text]

Wild buffalo in Australia are to be domesticated as part of a Northern Territory Government program to eradicate cattle diseases in the territory by 1992.

The NT Minister for Primary Production, Mr Steele, said yesterday buffalo farming would gradually replace the present contract-slaughter of feral buffalo.

He was announcing a decision by the NT Government to spend $100,000 in the next financial year to control tuberculosis in feral buffalo.

Buffalo catchers would have to deliver female buffalo under the age of three to a marshalling facility. They would be paid a set fee, he said.

"These buffalo will be held for between five and seven days while being tested for TB.

"Buffalo found to be infected will be sent for slaughter while disease-free animals will be sold at cost to farmers wishing to run domesticated buffalo herds under an approved program related to the brucellosis-TB eradication campaign."

Mr Steele said a recent survey had indicated there were between 223,000 and 282,000 buffalo in the Top End.

An estimated 3 per cent of buffalo were infected with TB, compared with 0.44 per cent of cattle. Feral buffalo posed "a significant threat" to the eradication campaign, he said.

"Apart from TB, the territory was one of the few disease-free buffalo herds in the world, and there are markets for buffalo meat. The submission of the present system of catching feral buffalo by a phased development of controlled, disease-free herds will ensure the continuation of a viable industry."

The present method of contract slaughter of buffalo would continue at a planned rate, Mr Steele said.

The Government was now considering proposals for the killing of up to 150,000 buffalo on the coastal fringes and other areas of the Top End.

CSO: 5400/7568

OUTBREAK OF FOOT-AND-MOUTH DISEASE IN STATE OF SAO PAULO REPORTED

Sao Paulo FOLHA DE SAO PAULO in Portuguese 12 Jun 82 p 20

[Text] Ribeirao Preto--An outbreak of foot-and-mouth disease reported in the town of Jabuticabal, which has caused the death of more than a thousand animals, continues to concern those raising swine and cattle. Although Agriculture House in Jabuticabal reports that the outbreak is now being brought under control, the fears of the animal breeders are justified, mainly because of the shortage of vaccines.

The incidence of the disease is highest on the hog-breeding farms near the neighborhood of Estiva do Palmital, where the municipal slaughterhouse, which may have been the source of the disease outbreak, is located. The slaughterhouse is reported to have been discarding refuse from the slaughtering into a stream which passes nearby, thus contributing to the spread of the outbreak to about 25 rural properties, at a minimum.

According to Carmen Lucia Grisido Nascimento, the Agriculture House veterinarian, there are 10,000 to 12,000 head of cattle in the municipality and 12,000 to 14,000 hogs which need to be immunized.

"These animals," the veterinarian said, "will be immunized with the vaccine containing the A-24 virus strain, which provides about 60 percent protection. But we have only 10,000 doses of this vaccine, which would have been used up except that many farmers do not fully believe in its effectiveness."

Rio Grande do Sul Concerned

Marques da Rocha, the secretary of agriculture for Rio Grande do Sul, will send technicians to Sao Paulo in the coming days to attempt to identify the virus responsible for the outbreaks of foot-and-mouth disease in the cattle and swine herds of some areas in Sao Paulo. The purpose is to prevent the disease from spreading to the herds in Rio Grande do Sul, particularly in view of the plans for holding the major Esteio Exhibit.

According to secretariat of agriculture technicians, the virus which has attacked the Sao Paulo herds has not as yet been identified. Even so, they hope that the spread of the disease to Rio Grande do Sul can be prevented, particularly in view of the considerable distance and the steps taken to find an efficient antidote.

The International Animal Exhibit is held every 2 years in Esteio, a municipality located about 30 kilometers to the north of Porto Alegre. It is the main farming event in the state. For this reason, there is great fear about the damage a possible outbreak of foot-and-mouth disease might do in terms of publicity. The exhibit is scheduled to be held from 25 August to 5 September.

5157
CSO: 5400:2181

BOGOTA ANTI-RABIES CAMPAIGN

Bogota EL TIEMPO in Spanish 30 Jun 82 p 1-B

[Excerpt] The Regional Health Department will continue its round-up campaign of stray dogs in Bogota, since they are the main transmitters of deadly human rabies and the ones that daily leave some 10 tons of excrement on the streets.

There are about 100,000 stray dogs in Bogota, which means an equal number of risks to which a person may be exposing himself if he happens to be bitten by a rabid dog, said Secretary of Health Luis Jose Villamizar Herrera.

The official stated that whenever action is taken against the animals or their owners, "people band together to try to prevent a dog from being taken away, even when it is for the very good of the citizenry, itself."

The Zoonosis Department has been instructed to be careful in their retention of animals, but "people will oppose everything, even if for their own good. Therefore the employees must in turn do what is necessary in order to carry out the mission that has been entrusted to them," said Villamizar Herrera.

He added that the dog round-up is very necessary because, in addition to being the dangerous transmitters of rabies, the dogs are the ones that scatter garbage in the streets.

Evidence of the effectiveness of the control carried out by the Health Department against the stray dogs is the fact that this time last year four cases of canine rabies and another four cases of human rabies had already been spotted. During the entire year six cases of human rabies were reported.

This year, up to now, there has been only one case of human rabies, in the Bosa area, said Villamizar Herrera.

8255
CSO: 5400/2182

CATTLE DISEASE CONTROLLED, MEASURES TAKEN TO PREVENT EPIDEMIC

Cairo AKHBAR AL-YAWM in Arabic 29 May 82 p 4

[Article by Muhammad Imbabi: "Severe Cattle Disease Controlled: Veterinary Committees Investigating Any New Reservoirs"]

[Text] The severe unexpected disease which infected cattle in a group of governorates in Upper Egypt has been controlled. This is the case in Al-Fayyum governorate. It has been stopped in Bani Suwayf governorate and at the feeding station in Qina governorate, and it is in the process of being controlled at the Friesian station in the same governorate. A plan was drawn up to raise the level of hygiene for the animals, to use sterilization to prevent the infection from spreading, and to treat the fever and diarrhea to combat the disease.

Dr Subhi Kamil, Undersecretary of the Ministry of Agriculture for Veterinary Affairs, discussed the disease which infected cattle in a number of Upper Egypt governorates. He said that this disease is spreading in countries around the world, among them Egypt. He said that the disease has been controlled, just as we previously controlled the bovine plague, which was one of the most severe animal diseases in the world. It was finally eradicated in Egypt after it was endemic there until 1967.

The acute form of the disease which occurred recently and the presence of the current, highly virulent virus, can be attributed to one of two possibilities: Either this virus entered Egypt with imported animals, since there can be animals which carry and secrete the infection without showing symptoms for up to 6 momths; or the locally present virus for this disease, which existed in the country before, has increased its virulence due to various factors which require practical study, especially the fact that the form of animal husbandry in Egypt has changed. There are now large herds of animals in environments with an extremely poor level of hygiene, where there are no suitable conditions to limit the transmission of infection between animals. Also, nutritional requirements and green fodder are not abundant in these environments. This results in the animals having low resistance when they are herded together, rapid transmission of the infectious agents between them, and therefore, increased virulence of the virus.

Role of Quarantine

However, if we dismiss the second possibility as some say (virulence of the virus as a result of increased concentrations of the animals in unhygienic conditions) and we give preference to the virus entering with imported animals, then what is the role of quarantine for the animals?

Dr Subhi Kamil states that there is a scientific principle which asserts that importing animals is an activity surrounded by dangers, no matter how strong the quarantine measures taken against the imported animals. This asserts that many progressive countries such as England, the United States, and other European countries have displayed--and still are displaying--symptoms of diseases brought to them in spite of the strict quarantine measures they take.

Thus, handling animals imported to Egypt at quarantine stations guarantees preventing any damage from them, since the period that cattle are held at the quarantine stations scattered about the ports is 32 days. During this time they are immunized against the diseases that are endemic in Egypt because of their sensitivity to these diseases, some of which are not found in Europe. These animals arrive with health certificates which show that Egyptian veterinary stipulations have been fulfilled. These stipulations are in full accord with the recommendations of the International Office for Animal Epidemics.

However, with respect to the cattle which are imported from Sudan, they are imported here for slaughtering only. Therefore, they are held first at the [Aswan] High Dam quarantine station, then transferred directly to the Cairo quarantine station attached to the slaughterhouse.

In any case, epidemics are a matter which sometimes may be beyond the control of some nations. For example, Denmark is a country which is free of foot-and-mouth disease. This is an epidemic disease which Denmark has eliminated since 1970, but it reappeared in recent weeks. The strange thing is that it reappeared on an isolated island.

We Do Not Fear the Disease

The question now is: "Has the disease been confined in Egypt, and how is it possible to avoid this epidemic and others in the future?"

Dr Subhi Kamil says: "So that some of the butchers who are manipulating people people's food do not trade on the problem and take advantage of circumstances to realize profits for themselves, I assure you that the veterinary agencies do not fear the appearance of animal disease, because our duty is to confront any disease, when and where it appears."

The methods of fighting this disease are currently restricted to raising the level of hygiene for the animals, using sterilization to prevent transmission of the infection, and treating the fever and diarrhea. However, with respect to using vaccine for this disease, it is well-known that this requires consideration, to study the current form of the disease, since there are side effects to the use of vaccine which cannot be ignored. One of them is the fact that it results in an adverse effect on the immune mechanisms in the animal's body, and consequently great sensitivity to various diseases. It may also result in spreading the infection. This method has succeeded for the present in controlling the pathological reservoirs, since the diseases is almost halted. Follow-up on this disease is still continuing; the veterinary committees are moving about in all parts of the republic to investigate any new reservoir as soon as it appears.

Path to Preventing Epidemic

As for preventing such diseases in the future, a research working group is now being formed of professors at veterinary medicine colleges and the Animal Health Research Institute and veterinary medicine specialists in the ministry of agriculture. It will follow up on studies and measures to confront the situation and the likelihood of epidemic diseases appearing in light of increased importation and intensified raising of animals in all governorates of the republic.

It is necessary only to increase awareness among the populace and the large-scale breeders to improve the hygiene and nutrition conditions for the animals; to use effective disinfectants from time to time; to isolate the animals which have been purchased recently for several days before adding them to the other herds in order to limit the spread of any infection; not to slaughter any sick animals; and to quickly burn the dead carcasses, bury them, and not throw into canals and irrigation ditches, because they cause the infection to spread.

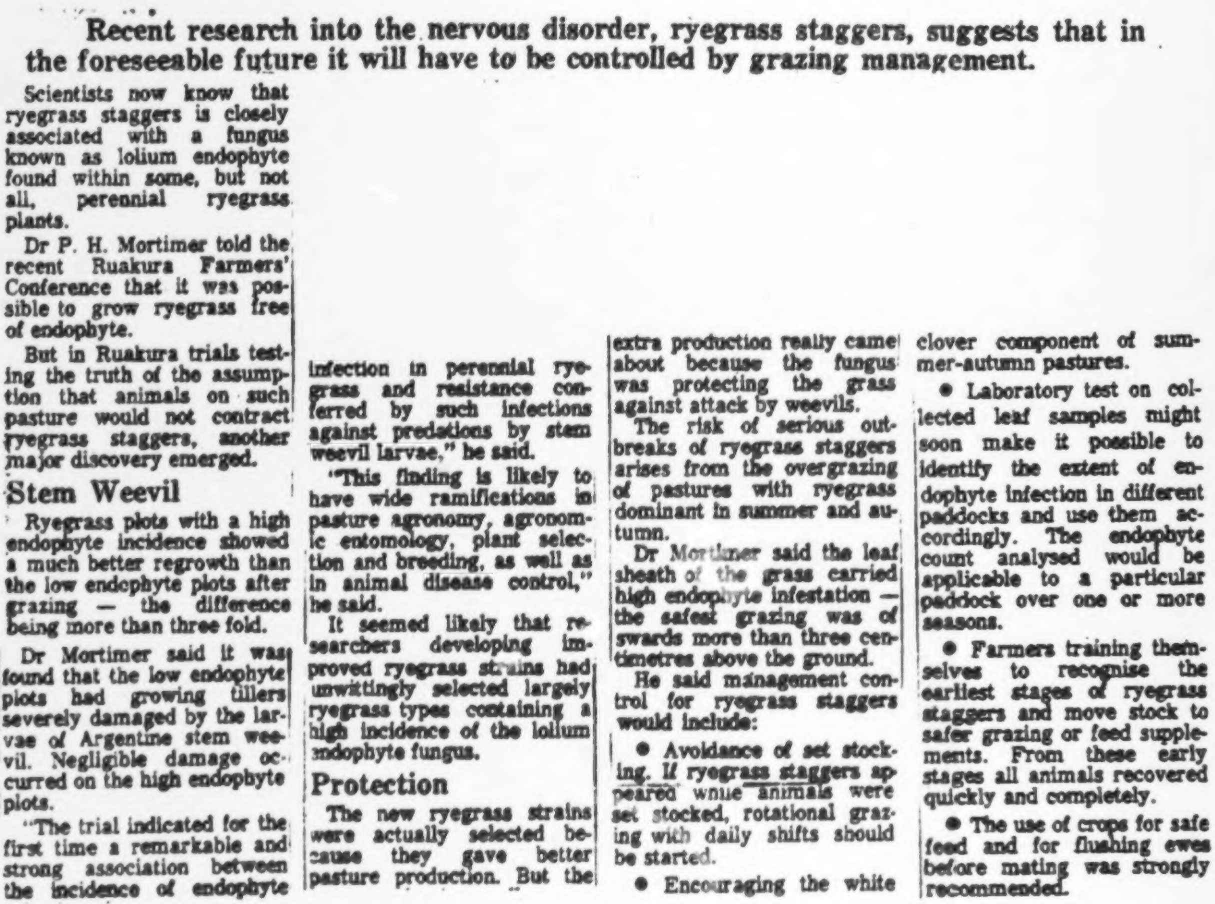
9605
CSO: 5400/5014

GRAZING MANAGEMENT SEEN CONTROLLING RYEGRASS STAGGERS

Endophyte-Free Ryegrass

Auckland THE NEW ZEALAND HERALD in English 25 Jun 82 p 9

[Text]



Recent research into the nervous disorder, ryegrass staggers, suggests that in the foreseeable future it will have to be controlled by grazing management.

Scientists now know that ryegrass staggers is closely associated with a fungus known as lolium endophyte found within some, but not all, perennial ryegrass plants.

Dr P. H. Mortimer told the recent Ruakura Farmers' Conference that it was possible to grow ryegrass free of endophyte.

But in Ruakura trials testing the truth of the assumption that animals on such pasture would not contract ryegrass staggers, another major discovery emerged.

Stem Weevil

Ryegrass plots with a high endophyte incidence showed a much better regrowth than the low endophyte plots after grazing — the difference being more than three fold.

Dr Mortimer said it was found that the low endophyte plots had growing tillers severely damaged by the larvae of Argentine stem weevil. Negligible damage occurred on the high endophyte plots.

"The trial indicated for the first time a remarkable and strong association between the incidence of endophyte infection in perennial ryegrass and resistance conferred by such infections against predations by stem weevil larvae," he said.

"This finding is likely to have wide ramifications in pasture agronomy, agronomic entomology, plant selection and breeding, as well as in animal disease control," he said.

It seemed likely that researchers developing improved ryegrass strains had unwittingly selected largely ryegrass types containing a high incidence of the lolium endophyte fungus.

Protection

The new ryegrass strains were actually selected because they gave better pasture production. But the extra production really came about because the fungus was protecting the grass against attack by weevils.

The risk of serious outbreaks of ryegrass staggers arises from the overgrazing of pastures with ryegrass dominant in summer and autumn.

Dr Mortimer said the leaf sheath of the grass carried high endophyte infestation — the safest grazing was of swards more than three centimetres above the ground.

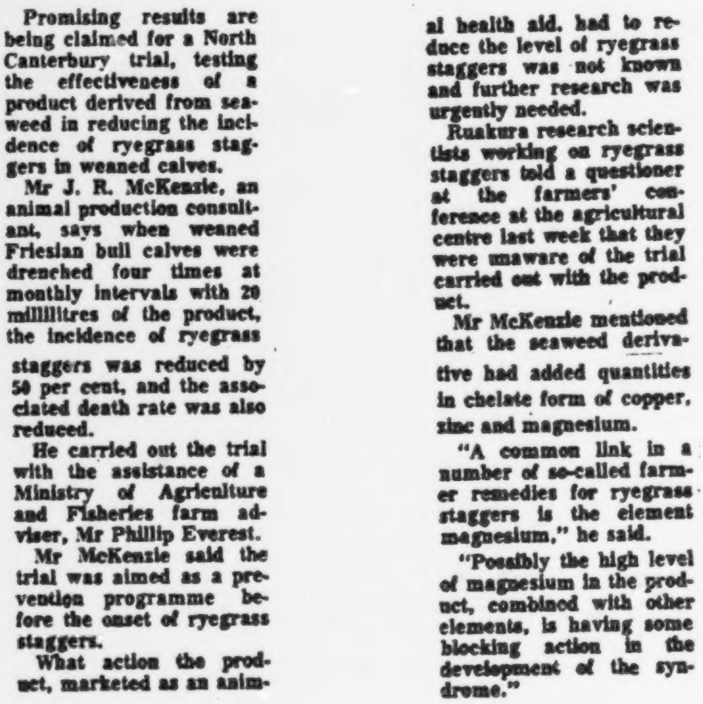
He said management control for ryegrass staggers would include:

- Avoidance of set stocking. If ryegrass staggers appeared while animals were set stocked, rotational grazing with daily shifts should be started.
- Encouraging the white clover component of summer-autumn pastures.
- Laboratory test on collected leaf samples might soon make it possible to identify the extent of endophyte infection in different paddocks and use them accordingly. The endophyte count analysed would be applicable to a particular paddock over one or more seasons.
- Farmers training themselves to recognise the earliest stages of ryegrass staggers and move stock to safer grazing or feed supplements. From these early stages all animals recovered quickly and completely.
- The use of crops for safe feed and for flushing ewes before mating was strongly recommended.

Seaweed Derivative Test

Auckland THE NEW ZEALAND HERALD in English 25 Jun 82 p 9

[Text]



Promising results are being claimed for a North Canterbury trial, testing the effectiveness of a product derived from seaweed in reducing the incidence of ryegrass staggers in weaned calves.

Mr J. R. McKenzie, an animal production consultant, says when weaned Friesian bull calves were drenched four times at monthly intervals with 20 millilitres of the product, the incidence of ryegrass staggers was reduced by 50 per cent, and the associated death rate was also reduced.

He carried out the trial with the assistance of a Ministry of Agriculture and Fisheries farm adviser, Mr Phillip Everest.

Mr McKenzie said the trial was aimed as a prevention programme before the onset of ryegrass staggers.

What action the product, marketed as an animal health aid, had to reduce the level of ryegrass staggers was not known and further research was urgently needed.

Ruakura research scientists working on ryegrass staggers told a questioner at the farmers' conference at the agricultural centre last week that they were unaware of the trial carried out with the product.

Mr McKenzie mentioned that the seaweed derivative had added quantities in chelate form of copper, zinc and magnesium.

"A common link in a number of so-called farmer remedies for ryegrass staggers is the element magnesium," he said.

"Possibly the high level of magnesium in the product, combined with other elements, is having some blocking action in the development of the syndrome."

CSO: 5400/9089

LARGEST RINDERPEST CAMPAIGN IN FIVE YEARS TO BE UNDERTAKEN

Dar es Salaam DAILY NEWS in English 28 Jun 82 p 3

[Text] FIVE MILLION/- is to be spent in anti-rinderpest campaign, the biggest in 14 years, under which more than 2.5 million head of cattle would be vaccinated against the disease in five northen Tanzania regions.

Kilimanjaro Regional Livestock Development Officer, Dr. L. Tesha, said over the weekend the campaign would start mid next month in Arusha, Dodoma, Kilimanjaro, Singida and Tanga regions.

Some 2.5 million/- in foreign exchange had been obtained to meet the purchase of the imported vaccines while the rest of the money would be raised locally, explained Ndugu Tesha.

He said that the campaign was unique since, for the first time all areas in Kilimanjaro and Tanga regions and some areas in Dodoma and Singida regions, would be covered.

In the past, the campaign involved only Hai District in Kilimanjaro while in Tanga region it covered only the border areas with Kenya. In Dodoma — Kondoa District and in Singida Iramba District.

"Under this campaign, more areas will be covered for effective control of the disease," he added.

Dr. Tesha said dead buffaloes were recently found in the Serengeti National Park. On being examined, it was found out they had died of rinderpest.

"We are very much informed that this disease is spreading fast from a neighbouring country, hence the need to intensify the campaign," he stressed.

He said since Arusha Region was fully covered under the annual campaign against the disease, there was no doubt that the disease that killed the buffaloes was from outside the rinderpest controlled areas.

Ndugu Tesha said that about 300,000 head of cattle would be vaccinated in Kilimanjaro Region, particularly in the lower lands while the campaign would skip the zero-grazing highland areas of the region.

CSO: 5400/5671

POISONOUS CANE TOADS POSE THREAT TO NORTHERN TERRITORY

Perth THE WEST AUSTRALIAN in English 1 Jun 82 p 31

[Text] Darwin, Mon--A biological disaster is said to be approaching the sensitive wetlands of the Northern Territory--and no one has an answer to it.

The carnivorous Queensland cane toad has hopped its way to the border and is poised to leap into the Territory's gulf region, to the despair of conservationists and wildlife authorities.

The Northern Territory Conservation Commission has been monitoring the incidence and slow movement--about three kilometres a year--of the poisonous toad round the border since 1980.

The last ground survey, late last year, reported most occurrences about 65 kilometres east of the border, but an individual report in February indicated that the species had moved on to Westmoreland station adjacent to the border.

Its advance is inevitable because of a lack of natural predators and the absence of man-made biological control agents.

The Australian National University in Canberra and the University of New England at Armidale in NSW are studying the population dynamics of the toad in relation to possible biological control.

Other groups throughout the Pacific region are also engaged in similar work but no one has yet come up with any effective weapon against the species.

The northern regional parks and wildlife manager, Mr Robert Fox, said today that the toads were prolific breeders and poisonous to most of their natural predators.

"One can find tens of thousands of cane toads in areas where they have become established because of these two factors," Mr Fox said.

"Their major effect on the Northern Territory environment would be one of displacement. They would simply push aside all other species."

The NT Chief Minister, Mr Everingham, said in the Legislative Assembly last week: "It would seem that unless we can erect something in the nature of a cane toad fence rather like the rabbit fence that they used to have between States, cane toads may eventually move into the gulf region."

Mr Everingham, a Queenslander, said he did not think that cane toads had any evil effect on the environment.

But his statement quickly came under fire from the Labor Opposition Leader Mr Bob Collins.

Mr Collins said: "They have in fact a very great impact and a very adverse effect on the environment."

They could reduce the NT's population of the "unique and attractive" dasyure, or native cat, he said.

CSO: 5400/7568

BRIEFS

LOCUST THREAT REPORTED--Groups of locust are expected "to pass any time" through the desert areas of Baluchistan and Sind, according to information received from Plant Protection Organisation of Iran. Wide-spread, high density population of locust was noticed in coastal plains of the Northern side of Chabahar in Iranian Baluchistan due to heavy rains (about 582mm) in last five months. These favourable conditions resulted in sudden increase in locust population, and an area of 150 square kilometers is affected. The Press release said. "These groups of locust swarm, if not fully destroyed in the country of origin will arrive in Pakistani Baluchistan and Sind while migreting to summer breeding zone in the deserts along our eastern border and in India," it said. The Department of Plant Proteciton is keeping strict watch over the situation, and in addition to normal ground operations, one aircraft has been shifted to Jiwani, (Gawadar) to meet any emergency. About a dozen sub-outposts at strategic points in Baluchistan and Sind have also been in operation to intercept the incoming locust swarm. A hotline between these sub-outposts and headquarters here is maintained through wireless to get the latest information and control the day to day operations. [Karachi DAWN in English 2 Jul 82 p 11]

CSO: 5400/5670

MINISTER NOTES PLANS FOR ERADICATION OF PESTS DAMAGING BANANAS

Dar es Salaam DAILY NEWS in English 1 Jul 82 p 3

[Excerpt] PLANS for the eradication of nematodes and weevils which have been attacking bananas in Kagera Region and threatening the crop in three other regions have been completed, the Minister for Agriculture, Ndugu John Machunda, said in Parliament yesterday.

The Minister, who was winding up debate on his Ministry's estimates for 1982/83, did not go into details over the plans yesterday.

He had, however, told the House on presenting the estimates on Tuesday that a pesticide which had been proved to kill both the nematodes and weevils had been recommended for use in fighting the pests.

The pesticide, *Carbo Furan*, had been preferred to *Dieldrin* which was hitherto in use but was proved to have little effect on nematodes.

The Minister said *Carbo Furan* had been recommended following trials on its use.

Experimental trials to find a more suitable pesticide were still being undertaken, he said, explaining that the aim was to find a more potent one which could prevent the damage to bananas at a lower cost.

Ndugu Machunda said requests had been made for the supply of the envisaged pesticide but efforts to procure it were hampered by lack of foreign exchange.

The Ministry had discussed with the European Economic Community (EEC) over the possibility of getting assistance in obtaining the pesticide, Ndugu Machunda told the House.

He said the EEC had shown interest in assisting in this and had promised to send in their experts to work out details on the undertaking.

Ndugu Machunda said although the nematodes and banana weevils had spread in Kagera Region, it was feared they could spread to Kilimanjaro, Arusha and Mbeya regions which are the other major banana producing areas.

Concern over the banana pests was raised during the debate by the MP for Bukoba Rural, Ndugu E.W. Rwegasira, during the debate earlier yesterday.

Ndugu Machunda also said in his winding-up that the Ministry would act on all views expressed by the MPs during the debate.

CSO: 5400/5671

WORKSHOP ON CONTROL OF ARMYWORMS, MIGRANT PESTS CONCLUDED

Dar es Salaam DAILY NEWS in English 12 Jul 82 p 1

[Article by Hashim Chindole]

[Text]

A FIVE-DAY international workshop on the control of armyworms and other migrant pests ended here over the weekend with a call for the immediate establishment of a joint armyworm intelligence system in Eastern Africa to prevent spread of the pest.

Delegates from Kenya, Uganda, Tanzania, Sudan, Ethiopia, Somalia and Malawi said that the move would ensure early detection of outbreaks, particularly of armyworms and quelea quelea before they spread to devastate crops and range lands.

They observed, however, that the intelligence system to be established would, among other things, require intensification and strengthening of forecast and research services by member countries of the Desert Locust Control Organisation for Eastern Africa (DLCO-EA) by working with the United Nations Food and Agriculture Organisation (FAO), the London-based Centre for Overseas Pest Research (COPR) and DLCO-EA.

The participants also recommended that national governments should allocate enough funds in their annual budgets to enable agricultural officers implement national pest control programmes effectively and only seek assistance from the DLCO-EA when necessary.

They also stressed on the installation of meteorological stations in the member countries and the necessity of the DLCO-EA to enhance the ability of these countries in fostering forecast services.

Sponsored by FAO, COPR and DLCO-EA, the workshop discussed concrete approaches to effective control of armyworms, locust and quelea quelea based on ecological, biological and weather conditions obtaining in the countries concerned.

The workshop also reviewed previous activities of the DLCO-EA in the control of pests in collaboration with other international organisations.

CSO: 4700/1599

END

JPRS 81543

16 August 1982

Worldwide Report

EPIDEMIOLOGY

No. 290

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WORLDWIDE REPORT

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BAHRAIN

CAUSES OF TYPHOID EPIDEMIC INVESTIGATED

Manama GULF MIRROR in English 10 Jul 82 p 3

[Article by Elizabeth Kirkwood]

[Excerpt] **THE search for the source of Bahrain's typhoid outbreak has not yet revealed any one particular cause, according to the Ministry of Health.**

Officials are concentrating on several potential sources, including contamination of the water supply in some areas, home-made ice-cream, open sewage, abandoned rubbish and actual carriers of the disease.

There have been 160 cases to date, of which 104 have occurred since the beginning of May. Only about one-third of the cases have been among expatriate workers.

Reduced

"The pattern of cases is widespread," said the assistant under-secretary for preventative and primary health care, Dr Ibrahim Yacoub. "But there has been none in East Rifa'a or Budaiya. We are concerned mainly with the area between Jidhafs and Budaiya and Ras Roman."

After a widespread immunisation programme the number of new cases has been reduced to a trickle. "Last week there was only one new case every other day," Dr Yacoub explained. "Most of the people in the three isolation wards at Sulmaniya Medical Centre have been discharged."

The Ministry of Health's efforts to track down the source of the disease started with the food handlers in Bahrain's 1,000 plus eating establishments.

"We check the restaurants every week at the moment," Dr Yacoub said. "We give all the food handlers stool and chest examinations, and we take samples of the water and any suspicious-looking food. Thank goodness we have not found any typhoid carriers among the food handlers."

Water is another top priority. "We check the wells especially, and if we find any cracks in the water pipes, we take samples of water from before and beyond the crack to see whether it is polluted. We are checking the infected areas every day, and other areas about once every two days," Dr Yacoub explained.

Sewage

"We also look for open sewage and garbage which is attracting flies, and with the co-operation of other ministries, ensure that these problems are dealt with," he added.

Immunisation has been an important factor in controlling the diesease. The vaccination used will give 70 per cent protection, but Dr Yacoub hopes that a new and more effective oral vaccine currently being developed will be available in Bahrain in the future. This would make it possible to immunise the entire population, and would be cheaper as it would not require the manpower needed for vaccination.

"Whenever we find a typhoid case, we encircle the area and check for carriers. We also go to the place of work and check there," Dr Yacoub said. Astonishingly, we have only found two or three carriers so far."

One thing that is bothering officials is domestic servants, who are beyond the reach of the Ministry of Health's routine examinations. "We would like to introduce a system whereby people are granted entry visas only, then after a full medical examination are allowed to get a work permit," Dr Yacoub explained.

"Bahrain is classified as a developed country by the World Health Organisation as far as health care is concerned," he added. "That is why we are making such efforts to locate the source of the disease. We should be able to eradicate completely these infectious diseases, and that is our aim."

CSO: 5400/4734

BRIEFS

RISE IN MALARIA--Reports from the interior state that malaria is on the rise. A very reliable medical source in the Rupununi said that the number of malaria cases has risen to 1,000 in the North and South Savahhahs. During the budget debate this year spokesperson for health for the PPP, Janet Jagan accused the government of not continuing the medicated salt programme which had completely eradicated malaria when she was health minister. She warned that malaria would be on the increase once medicated salt was not distributed regularly in the interior and border areas. Since then the number has blown upwards. [Text] [Georgetown MIRROR in English 13 Jun 82 p 4]

CSO: 5400/7571

JHANSI COLLEGE STUDIES WATERBORNE DISEASES

New Delhi PATRIOT in English 6 Jul 82 p 10

[Text] JHANSI, July 5 (UNI).

STARTLINGLY high rates of water-borne diseases have been recorded in the rural population of Bundelkhand division, by a WHO-sponsored study currently being carried out by the department of social and preventive medicine, MLB Medical College, Jhansi.

Prof R N Srivastava, the principal investigator of the project, stated that almost everyone in the surveyed population suffered from a water-related disease.

During the period of one year, the overall incidence of all such diseases sometimes far exceeded hundred per cent (125.7 per cent).

The most frequently encountered conditoin was enteric fever (46.2 per cent), followed by conjunctivities (42.8 per cent). Other diseases in order of frequency were diarrhoea (19.3 per cent), dysentry (11.1 per cent), scabies (5.1 per cent) and jaundice (0.6 per cent).

The magnitude of the problem became more unnerving when the total number of spells f these illnesses were computed. It was seen that several persons suffered repeatedly from the same illnesses over the year.

Th overall annual incidence of spells of sickness came to almost 200 per cent. Enteric fever was again on top (70.3 per cent), conjunctivits (69.5 per cent) coming a close second, followed by diarrhoea (33.6 per cent).

To unfold the factors behind such high rates of water related diseases, the quality and quantity of water available in the community were studied in detail. The most common source of water were open wells, whose water remained highly contaiminated throughout the year.

There were a few privately-owned (domestic) hand pumps. Being shallow. their water too was contaminated and unfit for human consumption in most instances.

CSO: 5400/7093

REPORT REVEALS MALARIA DECLINING IN INDIA

New Delhi PATRIOT in English 26 Jun 82 p 5

[Text] The incidence of malaria in the country has considerably declined since the adoption of the modified malaria control plan in 1976, reports UNI.

According to an official report, the malaria cases which were about six million in 1976, came down to 2.5 million during 1981. During 1981 malaria claimed 164 lives as against 207 in 1980 and 198 in 1979.

To control the spread of P falciparum infection, responsible for the fatal cerebral malaria, the National Malaria Eradication Programme is being supplemented by P falciparum containment programme in areas where the incidence of this type of malaria is considerably high.

Infection of P falciparum type of malaria has shown a certain amount of resistance to the commonly used anti-malaria drug, chloroquine, in different parts of the country.

To combat this strain, six monitoring teams had been set up by the Union Ministry of Health and Family Welfare.

One team is testing alternate drugs wherever resistance to chloroquine has been detected in the P falciparum strains.

Meanwhile, the Ministry of Health and Family Welfare is considering a proposal for the inclusion of seven new towns during 1982-83 under urban malaria scheme to provide protection against the disease.

At present 430 lakh people of 125 towns are being protected against malaria and other mosquito borne diseases.

Other mosquito borne diseases included kala-azar, which was reported in West Bengal, Bihar, Assam and Delhi. Bihar reported 13,700 kala-azar seizures, of which 37 proved fatal.

CSO: 5400/7088

BRIEFS

NAGPUR DECLARED CHOLERA INFECTED--NEW DELHI, 6 July--Nagpur in western coastal Maharashtra State was today officially declared as "cholera infected", the Press Trust of India (PTI) reported. The agency, however, said the official declaration was made as a precautionary measure amid conflicting reports about the incidence of the disease. Local newspapers in Maharashtra's second largest city after Bombay, were said to have reported this morning detection of cholera cases but this was denied by civic health officials. Other official sources quoted by PTI said five cases of gastro-enteritis had been reported in a hospital and that an intensive anti-cholera drive had been launched. [Rangoon THE WORKING PEOPLE'S DAILY in English 8 Jul 82 p 3]

JALPAIGURI 'MALIGNANT MALARIA'--Five of the 99 Jalpaiguri people who died of a "mysterious disease", had suffered from malignant malaria, say reports received by the State Health Department. According to Mr Nani Bhattacharya, Health Minister, malaria in four Jalpaiguri blocks--Dhupguri, Madarihat, Falakata and Nagrakata--has assumed "epidemic" proportions. About five lakh people live there. Mr Bhattacharya said at Writers Building on Monday that reports showed that the people who had died of the so-called mysterious disease and not exactly of the malignant malaria virus, must have been suffering from other diseases when they caught malaria. The exact nature of the disease has not been determined till now. So far, 63 people had died at Dhupguri, 34 at Madrihat and two at Kumargram. The Health Minister said steps were being taken on a "war footing" to fight the epidemic. A camp hospital had been set up at Dhupguri. Over 60 spraying teams would operate in 11 blocks of the district. Additional supervisory staff were appointed in the worst-affected blocks. The Health Minister said transporting medicines was a problem. [Calcutta THE STATESMAN in English 29 Jun 82 p 3]

'MYSTERY' DISEASE IN JALPAIGURI--JALPAIGURI, July 1--The mystery surrounding the disease now raging in all the 13 blocks of Jalpaiguri district remains to be solved. One hundred and nine people have died of the disease. Opinions vary as to whether this disease is caused by the malaria virus. According to Dr. B. N. Tripathy, Chief Medical Officer of Health, Jalpaiguri, the disease broke out in last week of April in the 18 villages of Dhupguri block in the Dooars. It spread gradually to Madarihat, Falakata, Nagrakata Kumargramduar and Alipurduar block 1· 44 villages were affected. Of these six blocks Dhupguri was the worst hit with 655 malaria cases, 6[illegible] deaths. The number of cases in Madarihat was 560, in Falakata 182, in Nagarkata 62, in Kumargramduar 114 and in Alipurduar block 1 172. The number of deaths in Madariht was 36, Falakata 13, Kumargramduar two and Alipurduar three. For a proper investigation of the causes of the disease and for controlling its spread, teams of experts from the School of Tropical Medicine, Calcutta, World Health Organization, and the Health Services Directorates, as well as the State and Central Zonal Malaria Officers of the Presidency Division had visited the affected areas. Till now, the investigation had revealed five cases of malignant malaria, and it was suspected that there might be "some kalazar cases". Dr Tripathy said that those affected died within five to seven days. They could not stand the drugs administered to them because of malnutrition. To overcome this problem, free rice, wheat and milk powder were being distributed through the panchayats. The affected areas being close to forests might have been subject to some other "carriers besides mosquitoes. An investigation on this line of thought had also been undertaken. A camp hospital had been set up at Kuttimari village in Dhupguri and spraying of insecticide in the affected areas had been intensified. [Calcutta THE STATESMAN in English 2 Jul 82 p 9]

ANTICHOLERA DRIVE--Mr Asoke Bose, Commissioner, Calcutta Corporation, has directed all departments concerned to intensify anti-cholera drives and to flush and disinfect had tubewells and wells in Kustia, Topsia, Tiljala and Golam Zilani Khan Road in the eastern suburb of Calcutta within a week. The Commissioner, the Health Officer and other senior civic officials visited on Thursday the areas of the eastern suburbs, where eight people, suspected to be suffering from gastro-enteritis and cholera, had been admitted to hospital. The Health Officer said on Friday that adequate measures have been initiated and not a single fresh case from the area was reported. He said that there was "no cause for panic". [Calcutta THE STATESMAN in English 3 Jul 82 p 12]

MANIPUR CHOLERA OUTBREAK--IMPHAL, July 4 (UNI)--Fifteen people have died and more than 500 are in a serious condition following an outbreak of cholera in an epidemic form in the Sadar Hill areas of Manipur. A joint statement issued today by the headmen of the affected villages said if the government did not take immediate steps, the death toll would shoot up. The epidemic has been raging the area for th past fw days. [Bombay THE TIMES OF INDIA in English 5 Jul 82 p 4]

NEW MYSTERY DISEASE--JALPAIGURI, July 5--Another mysterious disease, with symptoms of retraction of breast in women and high temperature, acute abdominal pain and headache in both men and women, has broken out here. The earliest cases here reported from Dhupguri, Maynaguri in the Dooars five days ago. The disease has now spread to the town. According to a physician at Jalpaiguri Sadar Hospital, the disease, called the "Koro syndrome", is rampant in south China but this is the first time that it has struck here. Over 40 people, including three women, have been admitted to Sadar Hospital since Sunday. [Calcutta THE STATESMAN in English 6 Jul 82 p 16]

CSO: 5400/7093

BRIEFS

TYPHOID INCREASE--At least 12 cases of typhoid have been reported in the Corporate Area so far this month, the Gleaner learned yesterday. The cases are reported to be widely distributed. Cases to date are "way above" the monthly typhoid reports for the Corporate Area, the Gleaner was told by knowledgeable sources. Public Health inspectors are investigating the matter. News of the increased incidence of typhoid surfaced at the monthly meeting of the Kingston and St Andrew Corporation's Public Health Committee meeting yesterday. Dr Peter Figueroa, Medical Officer of Health reported to the meeting that "one or two" additional cases of typhoid had been reported. Dr Figueroa said that the increase was likely due to the water lock-offs. He promised to provide more details at the committee's next meeting. Questioned about the increase in typhoid for July, Dr Figueroa told the Gleaner that he was not in a position to say how many cases had been reported. However, he agreed that if the figure was in the region of 12 or even six it would be "cause for concern." Dr Figueroa said that with the water lock-offs making it difficult to maintain general sanitary conditions, the situation regarding typhoid was "not surprising." [Text] [Kingston THE DAILY GLEANER in English 21 Jul 82 p 2]

CSO: 5400/7571

BRIEFS

VIENTIANE DISTRICT MALARIA WORK--From 1 April to 27 May cadres of the public health service of Kasi District, Vientiane Province, effectively succeeded in giving shots for disease prevention in the rainy season and for suppressing malaria in the production bases in the three cantons of Hin Ngon, Na Mon, and Ban Chiang subordinate to Kasi District. The reason for this is to maintain the good health of the people in that region so they will be able to take part in making this rainy season's production to the fullest extent. To carry out this work they divided themselves into three groups with eight in each group. Each group was responsible for its own detailed specialized task. They attentively performed their actual work in that period, and they were able to spray 1,295 kg of DDT and give out a total of 7,600 tablets of antimalaria medicine to all the people in the three cantons. [Text] [Vientiane VIENTIANE MAI in Lao 4 Jun 82 p 1] 9884

CHAMPASSAK MALARIA OUTBREAK--[KH. P. L.] At the end of April the Public Health Unit of Soukhouma District, Champassak Province, rushed to send its cadres for specialized tasks to join the people in suppressing malaria immediately after it heard the news of the malaria outbreak in Hatsaimoun Canton, Soukhouma District, Champassak Province. They carried out this work successfully. They sprayed DDT along drainage ditches in housing areas in many different localities. Meanwhile, they examined and gave out antimalaria medicine to more than 470 families, and also taught them the three clean sanitation principles and malaria prevention techniques. This helped to gradually decrease the sickness among the people in that area. [Text] [Vientiane KHAOSAN PATHET LAO in Lao 26 May 82 p A2] 9884

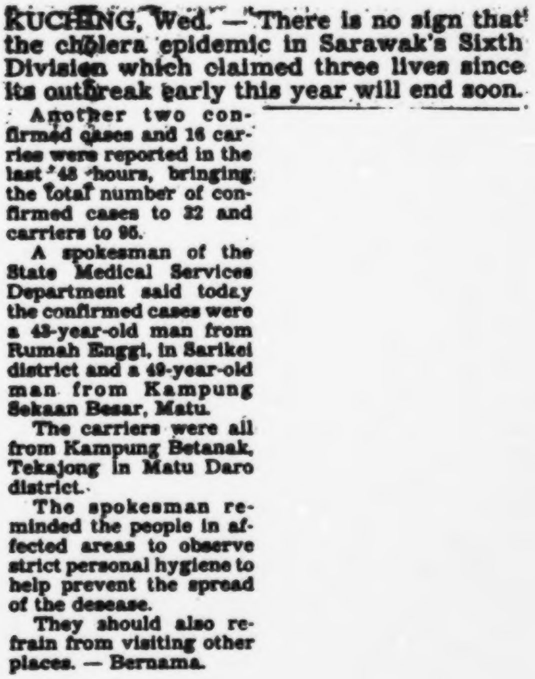
CHAMPASSAK ANTIMALARIA CAMPAIGN--[KH. P. L.] To follow the policy aimed at serving the bases in production and to make malaria prevention a primary task and treatment an important responsibility, early last April the malaria treatment and eradication branch of the Public Health Unit of Champassak Province sent a number of specialized task cadres to work together with cadres from 10 district Public Health Units around the province. Their purpose was to spray DDT for malaria suppression in many different localities in rural areas of their own responsibility. In carrying out the actual work they succeeded in spraying DDT in many localities. For example, in Phon Thong District having 32 cantons they were able to train over 200 more sanitation combatants and examined and found malaria in 256 people. In Sanasomboun District they succeeded by 100 percent in spraying DDT and more than 27,000 people received antimalaria medicine. In the Khong District area alone, in the two cantons of Mauangsen and Khouanphapheng, over 1,000 households were successfully sprayed and over 6,700 people received antimalaria medicine. Right now DDT spraying for malaria suppression in different districts all over Champassak Province is still widely and effectively continuing. This is aimed at maintaining good health for all people so they will be able to determinedly contribute their physical labor for good rice production this year. [Text] [Vientiane KHAOSAN PATHET LAO in Lao 31 May 82 p A4] 9884

CSO: 5400/5661

CHOLERA EPIDEMIC CONTINUES IN SARAWAK

Kuala Lumpur NEW STRAITS TIMES in English 24 Jun 82 p 6

[Text]



KUCHING, Wed. — There is no sign that the cholera epidemic in Sarawak's Sixth Division which claimed three lives since its outbreak early this year will end soon.

Another two confirmed cases and 16 carries were reported in the last 48 hours, bringing the total number of confirmed cases to 32 and carriers to 95.

A spokesman of the State Medical Services Department said today the confirmed cases were a 43-year-old man from Rumah Enggi, in Sarikei district and a 49-year-old man from Kampung Sekaan Besar, Matu.

The carriers were all from Kampung Betanak, Tekajong in Matu Daro district.

The spokesman reminded the people in affected areas to observe strict personal hygiene to help prevent the spread of the desease.

They should also refrain from visiting other places. — Bernama.

CSO: 5400/8427

INCREASE IN INCIDENCE OF DENGUE FEVER SINCE APRIL

Kuala Lumpur NEW STRAITS TIMES in English 3 Jul 82 p 10

[Text]

KUALA LUMPUR, Fri. — The incidence of dengue fever and dengue hemorrhagic fever in the country has worsened in the first half of this year compared to the same period last year.

Outbreak of both diseases are now being reported every week especially in Selangor, Federal Territory, Perak, Penang, Negri Sembilan and Kelantan.

Director of Health Services in the Health Ministry Datuk Dr Ezaddin Mohamed, who disclosed this today, said these cases had increased since April.

Until June this year, 395 cases (241 dengue fever cases and 154 dengue hemorrhagic fever) resulting in 16 deaths were reported compared with 317 cases resulting in nine deaths during the same period last year.

Highest

Datuk Dr Ezaddin urged the public to co-operate with the authorities to check the outbreak of the disease. They should destroy breeding places of mosquitoes with abate.

Selangor registered the highest number of cases this year with 33 dengue hemorrhagic fever cases and 62 dengue fever cases with four deaths.

The Federal Territory has the biggest number of deaths (six cases) although the number of cases stood at 80.

The second highest number of cases is Johore (92 cases) with one death reported. Perak has 54 cases (two deaths), Penang 31 cases (one death).

The latest victim in Penang was a 13-year-old boy who died on June 29 in Jalan Beach. — Bernama.

CSO: 5400/8427

BRIEFS

SALYAN DISTRICT GASTROENTERITIS DEATHS--Salyan, July 16--Thirty-nine persons are reported to have died of gastro-enteritis in two village panchayats of Salyan district. Eleven persons died of gastro-enteritis in Bagalupur Village Panchayat and twelve persons in Ward No 5 and sixteen persons in Ward No 7 of Suikot Village Panchayat of the district on July 11, it is learnt. Others suffering from the disease have been provided medicine, it is learnt from the Chief District Officer.--RSS [Text] [Kathmandu THE MOTHERLAND in English 17 Jul 82 p 1]

CHOLERA IN SALYAN DISTRICT--Salyan, July 22--Rastriya Panchayat Chairman Marich Man Singh visited Salyan district Tuesday to study the foodgrain situation. He also visited the cholera affected areas, reports RSS. Mr Singh returned to Kathmandu yesterday. [Text] [Kathmandu THE RISING NEPAL in English 23 Jul 82 p 1]

CSO: 5400/5701

BRIEFS

ELEPHANTIASIS OUTBREAK AROUND LAKE MANAGUA--An outbreak of "Culex" larvas that transmit the disease known as elephantiasis is currently being countered by Action and Control of Malaria Program teams. The head of this program's Zone One, Manuel Ruiz, indicated that the outbreak is quite severe and that it appears above all on the shores of Lake Managua and around the numerous ponds that have developed in the capital. Ruiz explained that elephantiasis causes a disproportionate inflammation of the feet, which results in their looking like elephants' feet, whence the name of the affliction. He said that teams are spraying the banks of the lake and the ponds with great quantities of insecticides. This type of larva grows easily in putrid water. This is why the people are advised to prevent water from stagnating in courtyards, the interior of houses, and other places. Manuel Ruiz said that the incidence of malaria has been notably lower in recent months. From January to May of this year more than 600 plates were examined, showing only 60 positive cases, said Ruiz. At present an anti-malaria campaign is being carried out in some 56 districts of the capital. The people are being administered primaquine and chloroquine. We are strengthening last year's national anti-malaria campaign, said the informant. He said that the citizenry appears more receptive to the program and that there is no rejection of the anti-malaria treatment. "Last year there were problems connected with persons who, because of lack of education or poor orientation, did not submit to the treatment," concluded Ruiz. [Text] [Managua LA PRENSA in Spanish 23 Jun 82 p 7] 8255

TYPHOID CASES--Matagalpa--Eleven cases of typhoid were found in various districts of the city, which impelled the Epidemiology Department of the Fifth Regional Department of Health to take immediate action to prevent the spreading of the disease. This report was made by Dr Feliza Solange, Head of the MINSA [Ministry of Health] branch in Matagalpa. She explained that the first cases were reported in the districts of the western part of the city, including Solingalpa. The most recently reported case occurred in the Guanuca district, which is an indication that the disease is spreading to other parts of the locality, said Dr Solange. The Epidemiology Department implemented a massive vaccination campaign with the participation of mass organizations, which since Sunday have brought quantities of medicine to the districts in which the disease has been detected. Going more into detail, she said that the recent floods caused by the storm were partly responsible for the typhoid. [Text] [Managua BARRICADA in Spanish 10 Jun 82 p 9] 8255

CSO: 5400/2188

LEPROSY CENTER'S FINANCIAL PROBLEMS DISCUSSED

Karachi MORNING NEWS in English 14 Jul 82 p 5

[Article by Lionel Andrades]

[Text] Leprosy treatment and rehabilitation of lepers all over the country may be drastically curtailed because the major leprosy centre in the country is in financial difficulties.

The treatment of lepers in the rural and tribal areas of the country may be discouraged because the Marie Adelaide Leprosy Centre (MAC) cannot maintain an average expenditure of about seven lakh rupees a month.

Last year with an annual expenditure of Rs. 75,80,614 paid mainly through foreign assistance, lepers were treated all over the country.

The German Leprosy Relief Association (GLRA), however, which has been financing the fight against leprosy in Pakistan, has informed the MAC that due to world recession and other financial difficulties the MAC cannot depend upon the financial assistance of the GLRA for the next financial year.

There are about 35,000 lepers in need of medical treatment. Treatment is being provided to 23,000 lepers with the MAC services reaching 18,000 patients and the Red Crescent, the KMC and other agencies treating the remaining 5,000 patients.

The MAC also provides assistance to the Government leprosy centres in the form of medicines and technicians. All para-medics receiving a salary from the Government also receive a stipend from the MAC for leprosy treatment.

Remote Areas

Dr Thomas Chiang, Medical Director, MAC said he could not imagine what would become of treatment for leprosy patients in the mountains, deserts and tribal areas of the country.

The local fund collection drive has diminished, he said, and local donations through voluntary agencies barely meet 10 percent of the costs.

If the funds stop coming the work will just have to stop and the problem will have to be placed on the Government's lap, he said. The Government will have to get the sponsors if the work is to continue.

Initially the treatment of lepers in the remote areas of the country will have to be stopped, it is learnt, if funds are not available.

The MAC, it may be mentioned, has been recognised by the Central Government as the National Training Institute for Leprosy Technicians. Technicians for leprosy work are being trained by the MAC since 1965. Off Shahrah-i-Liaquat near the Regal bus stop, it has also been a charitable institute maintained on donations that are income-tax exempted.

The leprosy centre has presently six sub-centres in Karachi. At Korangi they are treating 1866 patients, Malir (1640), Orangi (1222), Lalukhet (1029), Bihar Colony (482) and Baldia (176 patients).

In rural Sind they have four centres, besides, the MAC provides medical supervision to over 50 Leprosy Control Units established all over the country by the Provincial Government.

For the larger centres, transport and POL expenses are also provided and since the disease carries a distinctive stigma, leprosy workers even those attached to the Government are given a monthly stipend to motivate them to stay on.

Aside from the leprosy treatment, the MAC has a rehabilitation training centre where free taining to groups of 45 women are provided in various trades.

A Swiss psysiotherapist provides treatment to the patients from all the centres including children with polio from the Baldia General Health Centre.

With the regular funds not available, the MAC will have to face a situation in which they will have to reconsider providing OPD, physiotherapy, blood transfusions, X-Ray, child specialist and optometrist services. In the next stage surgical operations and reconstructive surgery could be hampered.

Social Services

It is also unlikely that the social department of the MAC will be able to maintain its previous performance. Since (1976-1981), 176 houses for refugees from mostly Bangladesh were provided. For tuberculosis patients, 30 houses were built and for destitute patients an additional 38 houses were built.

Business loans were provided to 114 patients so that they could start a business and earn their own livelihood. The loans amounted to Rs. 3,30,000.

For the purchase of equipment, instruments and appratus 65 loans were given amounting to Rs. 1,23,000 and about 70 patients receive a regular monthly dole for their upkeep which amounts to Rs 6,300 per month.

The MAC hospital is managed exclusively by Pakistanis and 50 percent of the 77 employees of the MAC's main centre are leprosy patients or family members supporting leprosy patients.

At a time when large expenditures are made on luxury items and on non-essential goods, funds for primary health treatment are ironically unavailable.

When estimated millions of rupees are spent on cosmetics and related products, health sources express their anger and disgust at the "poorest of the poor" having to go without the essential treatment while parts of their body literally rot.

CSO: 5400/5698

PNEUMONIA CASES UP IN METRO MANILA

Manila BULLETIN TODAY in English 24 Jul 82 p 32

[Text]

Pneumonia cases have increased in Metro Manila and nearby towns and cities, the Ministry of Health reported yesterday.

The ministry's disease intelligence center said 204 patients suffering from pneumonia, a contagious lung disease, were admitted at the San Lazaro hospital last week. The number exceeds the five-year median of 144 cases.

Health authorities advised the public to avoid crowded places and contact with pneumonia patients. All discharges and articles of the patient must be disimfected.

At the onset of high fever and chills, headache, cough and fatigue, a person must have enough rest. An untreated cold or influenza may develop into pneumonia, health authorities warned.

If the cold persists, the patient should immediately consult a doctor.

The incidence of other diseases declined last week, the DIC said, judging from reports received from the San Lazaro hospital.

The number of diarrhea patients hospitalized at the SLH went down from 217 a week before to 201 last week. Typhoid fever cases also dipped from 19 to 18 cases; and measles patients, from 70 to 64 cases.

CSO: 5400/5700

PNEUMONIA TOP KILLER IN VISAYANS

Manila BULLETIN TODAY in English 24 Jul 82 p 18

[Text]

CEBU CITY — Pneumonia is now the top killer in Central Visayas beating the once-dreaded tuberculosis of "white plague" by about three to one, according to regional health authorities here.

Of the total projected population of 3.8 million in the provinces of Cebu, Negros Oriental, Bohol and Siquijor, more than 470,000 were reported to have contracted the ailment and more than 15,000, or about 33 per cent, succumbed to the disease last year.

The other leading causes of death of inhabitants in the region are heart disease which comes second, followed by senility or old age and ill-defined ailments, then all forms of tuberculosis which ranked fourth, and malignant neoplasm or cancer.—(H. D. Embrado)

CSO: 5400/5700

GOITER CASES RISING

Manila BULLETIN TODAY in English 20 Jul 82 p 24

[Article by Marcia C. Rodriguez]

[Text] Goiter, a disease caused by iodine deficiency and one of the most common forms of malnutrition, has afflicted a considerable number of school children and women in the country, a health official disclosed yesterday.

Dr. Gloria P. Guevara, national goiter program coordinator, said the incidence of goiter is particularly high in seven provinces in the highlands of Regions 1 and 2.

These areas are Bontoc, Benguet, Ifugao, Kalinga-Apayao, Cagayan, Pangasinan and Ilocos Sur.

A survey on the prevalence of goiter, Guevara said, has shown that 20 to 90 per cent of the population of school children and female adults in many areas of the country have goiter.

Goiter is said to be endemic and a public health problem in these areas.

Persons afflicted with goiter are characterized by enlarged thyroid glands, lethargy, and sluggishness.

Guevara noted that endemic areas in Regions 1 and 2 are now receiving assistance from the goiter control program of the Ministry of Health.

With the assistance of the national nutrition council (NNC), the goiter control program supplies iodized oil ampules and iodized salts in areas where iodized salt is scarce.

The iodized oil injection is being used to treat vulnerable groups particularly women of child-bearing age because of the danger of giving birth to cretins or babies with deformities due to thyroid deficiency.

Cretins are mentally retarded children and deaf-mutes lacking neuro-muscular coordination.

The use of iodized salt is highly recommended for the whole population both as a curative and preventive measure against endemic goiter. It is made readily available in rural health units, supplementary feeding center, and barangay health stations.

Nutrition education is also being emphasized with particular stress on the regular use of iodized salt and the increased consumption of iodine-rich foods such as seafoods, seashells and seaweeds.

CSO: 4220/253

MALARIA MOSQUITO CAMPAIGN URGED

Manila BULLETIN TODAY in English 18 Jul 82 p 36

[Text] Asean health experts have urged malaria unit of the Ministry of Health to launch a campaign against malaria mosquitoes in Mindoro, Palawan, Samar, and other provinces of Mindanao.

They made this suggestion because of the reported prevalence of the disease carrier in the areas.

They noted that mosquitoes multiply in rivers, stagnant ponds, creeks, and swampy areas by the millions, and are not only prevalent in this country but also in Thailand, Burma, Borneo, Malaysia and other tropical countries in the world.

A study indicated that malaria claimed more than 100,000 lives in those countries since World War II.

The experts also suggested several measures to combat the disease, including spraying stagnant ponds, creeks, rivers and swampy areas with DDT; total involvement of the community in the malaria drive, and setting aside a substantial fund for health program. (FTF)

CSO: 5400/5697

BRIEFS

DIARRHEA CASES UP--A total of 217 persons suffering from diarrhea were hospitalized last week at the San Lazaro hospital (SLH), the disease intelligence center (DIC) reports showed. The number of diarrhea admissions rose from last week's 179 cases but still remained below the five-year median of 443. Majority of the cases came from Metro Manila while only 14 patients came from surrounding provinces and cities. Hospital admissions due to communicable diseases such as typhoid fever, measles, H-fever, and diphtheria likewise took an upward trend. At the SLH, 70 cases of measles, 44 diphtheria cases and eight H-fever cases were admitted. The DIC reported that these levels exceeded the five-year median of the respective diseases. Health authorities cautioned the public to clean their surroundings and to keep food and water containers covered and clean. Water from unsafe sources such as artesian wells or rivers must be boiled before drinking or washing the hands. Patients suffering from diarrhea may obtain oral rehydration solutions (Oresol) from health centers to treat the disease. [Text] [Manila BULLETIN TODAY in English 16 Jul 82 p 8]

CSO: 5400/5685

SOUTH AFRICA

BRIEFS

POLIO DEATHS IN GAZANKULU--Two more people have died of polio in the Gazankulu area. A spokesman for the Department of Health in Pretoria said yesterday another four cases had been reported, bringing the total number of children hospitalised since the outbreak of the disease to 258. The latest deaths were at Letaba Hospital where 18 children have died from polio. The spokesman said no more polio cases had been reported inside South Africa and the disease still appeared to be concentrated in the Gazankulu area. Updated figures on the typhoid outbreak were available, the spokesman said, but the Deputy Director-General of Health, Dr James Gilliland and other top officials at the department were in Durban and would be available only next week.--Sapa [Text] [Johannesburg THE CITIZEN in English 30 Jul 82 p 9]

EFFECTIVE ANTI-POLIO CAMPAIGN--Polio immunisation seemed to be taking full effect after a massive immunisation campaign in the northeastern Transvaal about three weeks ago, Dr James Gilliland, Deputy Director-General of Health said in Pretoria yesterday. The polio vaccine takes about three weeks to attain the desired effect and is responsible for the decrease in the incidence of the disease. Only one new case, in Giyani, has been reported. The patient was admitted to the Nkhensani Hospital. Since the outbreak of the epidemic at the end of March, 254 children had been hospitalised with the total number of deaths standing at 25. On typhoid, Dr Gilliland said the epidemic seemed to have stabilised to a large extent and no new cases had been reported. Of the five patients currently at Kalafont Hospital, four are improving while one is still critical. [Text] [Johannesburg THE CITIZEN in English 28 Jul 82 p 12]

CSO: 5400/5702

BRIEFS

DIARRHOEA OUTBREAK WARNING--Municipal health authorities who have observed an outbreak of diarrhoea in Colombo and its suburbs during the last 15 days have cautioned the public to use only boiled cooled water for drinking to avoid consuming food exposed to dust and flies and also raw foods unless thoroughly washed with clean water. According to reports reaching the Chief Medical Officer of Health Colombo Municipal Council, out of 385 cases admitted to the fever hospital, Angoda between June 30 and July 11th 225 persons were from the city. These sources said the majority of them were from Madampitiya, Grandpass, Modera, Mattakkuliya, Borella, Maradana and Dematagoda. Residents of Colombo North in particular are advised that tap water too, should be boiled before use. The organism causing this outbreak of dysentery has been identified as belonging to Shigella-Shiga Type 1 which is known to cause severe diarrhoea and does not generally respond to the common anti-diarrhoeal drugs. The disease is spread through infected food and water. [Text] [Colombo DAILY NEWS in English 15 Jul 82 p 8]

MALARIA EPIDEMIC REPORTED--Malaria epidemic is rising its ugly head in Galwewla area according to a large number of patients coming to Galewela hospital and private clinics for treatments. About 10 positive Malaria cases have been traced in Pattiwela area. [Text] [Colombo THE ISLAND in English 17 Jul 82 p 2]

FLU, BRONCHITIS EPIDEMIC IN COLOMBO AREA--The epidemic of influenza and bronchitis that has hit the city and its suburbs has been magnified by the high level of air pollution in these areas. According to several medical experts the epidemic which started off as a common cold and cough has spread rapidly due to the weakening of human immunity through constant exposure to high levels of atmospheric pollution. The epidemic which is one of the worst on record is chiefly affecting children and infants. The problem is very serious, one expert pointed out, and unless measures are taken to curb the poisoning of our atmosphere the consequences would be disastrous. [Text] [Colombo SUN in English 20 Jul 82 p 1]

SHIGELLA VIRUS SPREAD REPORTED--The health authorities yesterday confirmed that the diarrhoeal virus spreading through the city was a virulent virus "Shigella" introduced from the Maldive Islands. This virus, according to Colombo's Chief Medical Officer Dr Trevor Peries is even more virulent than the strain of cholera El Tor that the city was subjected to a few weeks previously. Dr Peries told 'SUN' that although every possible measure had been taken to contain the spread of the disease it continued unabated, especially in the slum areas in the city. The authorities, he said, were very concerned about the introduction of disease from neighbouring countries via tourists, but added that there was nothing that could be done to prevent it. Shigella is an extremely virulent virus which cannot be contained by common antibiotics. Several hundred victims have been warded at the Infectious Diseases Hospital while the health authorities sent out warnings against the consumption of uncooked food and unboiled water. [Text] [Colombo SUN in English 20 Jul 82 p 1]

HEPATITIS HITS NAWALAPITIYA--Nawalapitiya--There is a widespread increase of Hepatitis and Malaria in this area. Daily several patients are being admitted to the Nawalapitiya Base Hospital and also many are treated by private doctors. (0045) [Text] [Colombo SUN in English 12 Jul 82 p 12]

CSO: 5400/5687

HEALTH MINISTER NOTES INCIDENCE OF VARIOUS DISEASES

Dar es Salaam DAILY NEWS in English 17 Jul 82 p 1

[Excerpts]

He added that the general environmental condition in the country was not satisfactory and hygienic enough despite Ministry efforts towards improving it.

He noted that because of this situation, killer diseases like cholera were still affecting several regions in the country. For instance, since the disease broke out in October 1977, some 29,228 people had contracted the disease — killing 2,404 people. The deaths were 8.2 per cent of the number of the affected people.

The Minister said despite efforts by the Party and Government to fight against the spread of the disease, the epidemic was still rearing its head in Mbeya, Kigoma, Shinyanga, Mwanza, Mara, Dodoma, Morogoro, Kilimanjaro and Tanga regions.

However, Dr. Chiduo said cholera had been completely wiped out in Lindi, Mtwara, Ruvuma and Kagera regions. It was possible to completely eradicate the disease when people adhere to cleanliness and dropped some of their customary and traditional habits.

On typhoid, Dr. Chiduo reported that the disease broke out in Kigoma, Kilimanjaro, Coast and Dodoma regions last year, where some 195 people were affected. No deaths occured.

Dysentry had killed some 125 people out of 12,423 cases in Kagera, Kilimanjaro, Coast Dodoma, Dar es Salaam, Arusha and Tanga regions, he said.

The Minister also said that there had been considerable training of experts in tuberculosis (TB), and a lot of TB detection equipment had been distributed to hospitals, dispensaries and health centres. In the next five years, he said, emphasis would be placed upon ensuring that all treated TB cases were completely cured.

Ndugu Chiduo also said efforts would be made to treat new TB cases before they turned malignant. Last year, new TB cases stood at 11,880 when compared to 10,191 in 1980, he added. New leprosy cases were 3,296 last year, compared to the previous year's 4,471.

CSO: 5400/5699

BRIEFS

RABIES PROGRAM ENDING--The Veterinary Directorate has recommended to the agricultural minister that the program to combat canine rabies be ended as of 1 October 1982. The background for the recommendation is that since the beginning of 1981 no cases of rabies have been found among foxes in the South Jutland area that was formerly affected by the disease. It is expected that the Agricultural Ministry will take up the recommendation very quickly and cancel the former rabies proclamation. [Text] [Copenhagen BERLINGSKE TIDENDE in Danish 15 Jul 82 p 2] 6578

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19 August 1982

Worldwide Report

EPIDEMIOLOGY

No. 291

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19 August 1982

WORLDWIDE REPORT

EPIDEMIOLOGY

No. 291

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DENMARK: STUDY CONFIRMS FOOT-AND-MOUTH DISEASE FROM GDR

Copenhagen BERLINGSKE TIDENDE in Danish 16 Jul 82 p 1,7

[Article by Ojvind Kyro: "Investigation Proves Foot-and-Mouth Disease Came From East Germany"]

> [Text] A scientific investigation proves that the foot and mouth disease, which last year infested Denmark, came from East Germany. Because of the unwillingness of the East German authorities to report the extent of the foot and mouth disease in the GDR, the EC commission has implemented a trade blockade. A stop has been placed on the export of meat from the GDR to the EC, amounting to 500 million kroner.

At 5:36 pm last Tuesday a telex message appeared on the teletype in the Danish virus laboratory on Lindholm. In 12 lines the FAO international virus laboratory at Pirbright in England reported the first results of an investigation of two virus samples from foot and mouth disease infested areas, one from Denmark and one from the GDR.

"The investigation clearly shows that the foot and mouth disease came from the GDR," said virus scientist Professor Ebba Lund of the Agricultural College, "and it confirms the conviction which we have long held."

A couple of minutes after the message was sent to Lindholm, Pirbright sent the same telex to Professor Helmut Schwedler in East Berlin. He is head of the GDR veterinary authorities and during recent months, on behalf of his government, he scolded Danish politicians and the Danish press for "smearing the GDR with stupid theories."

On Wednesday afternoon WEEKENDAVISEN asked Professor Schwedler for a comment on the investigation. He answered that he had not received the message, and therefore would not comment. "It is surprising that he has not received the message, because there were no transmission problems," said Dr Mowat at Pirbright.

Comparison of the two virus samples took place after a monthlong tug-of-war between Berlin and Copenhagen to get the East Germans to deliver a sample to Pirbright. This despite Professor Schwedler saying in the middle of June to WEEKENDAVISEN that "Denmark has received all the information that they want--without discussion." WEEKENDAVISEN received this comment after 4 weeks of efforts to talk to East German authorities.

The Meteorological Institute has calculated that the weather conditions were "perfect for transportation of bacteria over long distances on 7 and 8 March." The incubation period for foot and mouth disease is about 8 days, and the first animals became sick on Fyn on 15 March.

The unwillingness of the East German authorities to be open has given the GDR an economic setback of considerable dimensions. The EC commission has implemented a blockade on the import of meat from the GDR, which is the main exporter of swine meat to the EC. "Last year the GDR sold swine meat amounting to 500 million kroner to the EC," said Frits Qvist, office manager for the EC marketing division.

"The export from East Germany was stopped at the end of March, after the outbreak of foot and mouth disease in the GDR," said Hans Jorgen Bendixen, chief of the EC veterinary division, "because we did not receive an answer to our questions about the timing and the extent of the disease and what controls were being applied. For the GDR, the EC is a nonexistent institution, and therefore they did not answer us. When we get a satisfactory reply to our questions we will open the door for import again," said Hans Jorgen Bendixen.

Last Monday the sanctions policy was taken up for renewed discussion in the EC at the request of West Germany, which will eventually function as intermediary between the "nonexistent EC" and the GDR to get the situation cleared up. But at the meeting the continuation of the blockade was approved, according to veterinary inspector K. B. Mortensen.

"The GDR would rather take an economic loss to hold the flag high," said a highly placed source in the EC, "the East German government is very loyal to Moscow."

The USSR and the GDR are the only East European countries which totally ignore the EC. The other East bloc states have good relations with the EC, which go through their ambassadors in Brussels.

Illegal Liver Paste

Foot and mouth disease on Fyn and Zealand have gone up and down on the normal export pattern. Sweden has increased its meat export to Japan by 60 percent, and that creates Danish concern that the Swedes will take over the profitable Japanese market. Therefore the Swedes are being asked to lift the 4-month-old prohibition against import of Danish meat. Even though the foot and mouth disease is finished, Sweden is maintaining such drastic restrictions that a Dane was fined 4,500 kronor for bringing over a little liver paste, some meat drippings and a couple of eggs to Sweden.

To get the Japanese to lift their import restrictions, Minister of Agriculture Bjorn Westh has sent a letter to his Nordic colleagues asking them to lift their import restrictions.

"The Nordic countries should know conditions in Denmark so well that they can feel secure with the situation," said O. W. Friis, division chief in the Ministry of Agriculture. "We have just received the results of blood tests which show that neither our domestac animals nor deer are contagious."

At the same time as Bjorn Westh went into action by sending the letter, Poul Dalsager, the EC agricultural commissioner tried to put pressure on the Swedish trade minister. But at the meeting last Tuesday, Minister of Trade Bjorn Molin rejected the issue and called it "ridiculous" to accuse Sweden of placing an obstacle in the way of Danish meat exports.

Veterinary councillor Bengt Nordblom of the Swedish "infectious disease prevention unit" abruptly dismissed poorly concealed Danish suggestions that Sweden is conducting trade policy with the help of veterinary arguments. "We are deciding only with reference to health," he said, "We are not dealing any differently with Denmark than any other country in a similar situation. We must be careful, because we do not vaccinate against foot and mouth disease, and the infection can survive for 6 months, even in deep frozen meat products."

Dumping Prices

In export prices alone the foot and mouth disease has cost Danish agriculture 300-350 million kroner. At the time of the outbreak in March the exporters reacted feverishly and sold Danish swine meat at dumping prices on the English and West German markets. West German agricultural organizations protested, but prices soon found a normal level, because the amounts which the DDR delivered fell off as a result of the EC blockade.

Furthermore, Finland and Sweden are not in the EC, having taken over the Danish export to Japan. But even if the sales possibilities in the EC are good, it is much better business to export to the United States and Japan. The prices there are about 10 percent higher.

"We do not know how long it will be before Japan and the United States remove their restrictions," said Niels Jorgensen of ESS-Food, "but the last time there was foot and mouth disease in England it took 10 months before the United States again purchased English meat."

9287
CSO: 5400/2193

BRIEFS

JORDAN-ISRAEL MOSQUITO CONTROL--Israel and Jordan yesterday cooperated in the town of Elat in the war against mosquitoes. Beginning in the early morning, teams from the Elat Municipality sprayed all the orchards near Kubbutz Elat while the Jordanians sprayed all the orchards in their area. Elat Municipality sources reported that recently the blight of mosquitoes had increased on both sides of the border and that after discussions between the two countries it was decided to act in concert. This correspondent notes that two tourists recently contracted malaria because of bites by anopheles mosquitoes. The two tourists were hospitalized in Jerusalem. A check by the Health Ministry showed that these mosquitoes' hatching grounds are in 'Aqaba. [Text] [TA041210 Tel Aviv DAVAR in Hebrew 4 Aug 82 p 10]

CSO: 5400/4735

GOLDEN STAPH THREAT MOUNTS; STRAINS FOUND TO DIFFER

Concern in Victoria

Melbourne THE AGE in English 12 Jun 82 p 3

[Text]

PERTH. — Studies in Western Australia on methicillin-resistant golden staphylococci have shown that the Melbourne strains have different characteristics to the strains isolated elsewhere.

Golden staph is causing serious concern in Victoria where 100 people have died of the disease in a year.

A microbiologist from the WA Institute of Technology, Dr Warren Grubb, says golden staph has now spread to all big hospitals in Melbourne, and to Hobart, Sydney, Adelaide and Brisbane.

Hospital Unit Closure

Brisbane THE COURIER-MAIL in English 12 Jun 82 p 1

[Text]

A "Golden Staphlococcus" infection at the Royal Brisbane Hospital has forced the closure of the hospital's intensive care unit.

The Health Minister, Mr Austin, ordered a full report from Royal Brisbane's medical superintendent, Dr Brian Campbell, following the detection of the multi-resistant Staphlococci aureus in three patients.

The intensive care unit was cleared on Thursday and scrubbed to clear the infection.

Golden Staphs are members of the common staphlococci bacteria group, most of which can normally be carried by humans without ill-effect.

The term "golden" is applied to a particular group of the bacteria which adapt to sterile environments and show immunity to antibiotics.

The original Golden Staph isolated in hospitals during the 1950s caused many deaths and still appears, but was not the staph found this week. The term has since been used for any staph with resistance to antibiotics.

Golden Staphs can also be carried by a healthy human without ill-effect, but can lead to death in weak patients as a related cause.

Golden Staph has been found previously at Royal Brisbane but it has not been the sole causeof deaths here.

Patients are most commonly infected after surgery, after having suffered severe burns or during a severe illness. The infection can cause further incapacity in a sick person, and prevents healing of skin wounds.

The Health Department is preparing a series of recommendations on the Golden Staph group for publication.

CSO: 5400/7572

BANGLADESH

BRIEFS

DIPHTHERIA IN BARISAL--BARISAL, Jul 7--Diptheria has broken out in the district in epidemic form and about fifty children died of diptheria so far. Hundreds of children are attending in Medical College Hospital, TB Hospital and Police Hospital to have DPT injection. Hospital authority foils to supply the required injection. On the other hand injection 'Oraviclon' is out stock which is most necessary for the disease. As a result children are attacking levishly. About three hundred children admitted in the hospital during last few months and at present about fifty patients are under treatment in the hospital. [Text] [Dacca THE BANGLADESH TIMES in English 8 Jul 82 p 2]

CSO: 5400/7097

CZECHOSLOVAKIA

BRIEFS

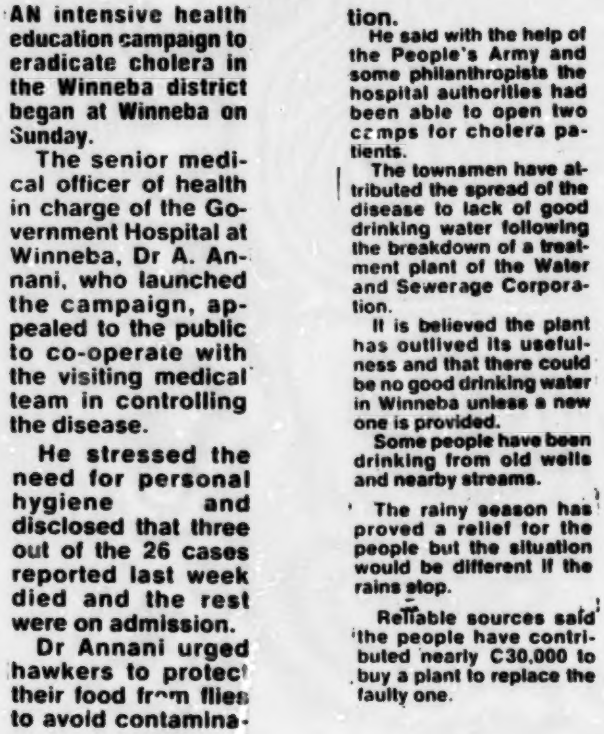
RUBELLA PREVENTION CAMPAIGN--All Czechoslovak female students attending the sixth grade of the basic 9-year schools [age 12] will be vaccinated against rubella during the 1982-1983 school year. About 70-90 percent of women are immune against the disease, but 10-30 percent can contract it. Although preventive abortions are performed yearly on several hundred of women who had rubella, several physically and mentally disabled children have been born to women who had not detected having rubella during their childhood. [Prague LIDOVA DEMOKRACIE in Czech 30 Jul 82 p 3]

CSO: 5400/3010

ANTI-CHOLERA CAMPAIGN LAUNCHED AGAINST SPREAD OF DISEASE

Accra DAILY GRAPHIC in English 20 Jul 82 p 5

[Text]



AN intensive health education campaign to eradicate cholera in the Winneba district began at Winneba on Sunday.

The senior medical officer of health in charge of the Government Hospital at Winneba, Dr A. Annani, who launched the campaign, appealed to the public to co-operate with the visiting medical team in controlling the disease.

He stressed the need for personal hygiene and disclosed that three out of the 26 cases reported last week died and the rest were on admission.

Dr Annani urged hawkers to protect their food from flies to avoid contamination.

He said with the help of the People's Army and some philanthropists the hospital authorities had been able to open two camps for cholera patients.

The townsmen have attributed the spread of the disease to lack of good drinking water following the breakdown of a treatment plant of the Water and Sewerage Corporation.

It is believed the plant has outlived its usefulness and that there could be no good drinking water in Winneba unless a new one is provided.

Some people have been drinking from old wells and nearby streams.

The rainy season has proved a relief for the people but the situation would be different if the rains stop.

Reliable sources said the people have contributed nearly C30,000 to buy a plant to replace the faulty one.

CSO: 5400/5704

MASS PUBLIC CAMPAIGN MOUNTED AGAINST GASTROENTERITIS

St Georges FREE WEST INDIAN in English 12 May 82 p 1

[Article by Keith Jeremiah]

[Text] SUNDAY'S massive anti-gastro-enteritis clean-up campaign, dubbed "the health manoeuvre" was "fairly successful", with people in the various communities coming out in handsome numbers to clean drains, trim overhangings and rid their surroundings of garbage, says an official of the Ministry of Health.

And, the Ministry is now planning a "bigger health manoeuvre" for this Sunday, and is calling on the people to come out in greater numbers. Officials of the Ministry will be briefing leaders of mass organisations and Parish Co-ordinating Bodies (PCB) on the extent and form it will take, in a meeting on Friday.

For such camapigns to be successful and effective there must be mass participation, the Ministry stressed.

Members of the People's Revolutionary Militia and the Police Service joined the people last Sunday and "did a good job in the St. George's area". Plenty work was done in the village of River Road, one of the areas worst affected by the disease.

According to the official, work took place in all parishes, except St. David's, and environmental workers also came out and helped.

Most of the work is said to have involved the cleaning of clogged drains and ditches, the burning of garbage and cutlassing grass on the roadsides.

The clean-up campaign was spearheaded by the Ministry, in collaboration with parish co-ordinating bodies, mass organisations and village groups.

At the same time, the Ministry is pushing ahead with a publicity programme, informing the population about ways in which they can prevent the spread of gastro-enteritis.

The Ministry is also planning to push its gastro eduction programme among organisations, such as the National Youth Organisation (NYO) and the National

Women's Organisation (NWO), with a view to having health measures regularly discussed in group meetings.

The education programme is likely to be extended to primary and junior secondary schools throughout the country.

Between January and April, the Ministry disclosed, the disease has caused the deaths of four persons and 500 cases have been reported.

In a press conference last week, Deputy Health Minister Chris Deriggs, Permanent Secretary Dorcas Braveboy and other senior health personnel expressed concern about the bad disposal of garbage and other insanitary habits, which they a said, are a source of the present outbreak.

They appealed to affected persons to report to a doctor or medical station immediately before the disease reaches the stage of dehydration, the loss of body fluids.

Necessary salts for the restoration of body fluids are now available free in the hospital and health clinics throughout the island.

The Ministry has stressed the importance of mass participation in the clean-up campaigns, and is again calling on people to turn out in their communities on Sunday for "a bigger health manoeuvre.

CSO: 5400/7570

BRIEFS

DENGUE OUTBREAK DENIED--Health Minister Adolfo Castaneda Felice has denied reports from Mexico about an alleged outbreak of dengue fever in Guatemala. Meanwhile, Radio Belize has reported hundreds of dengue cases there. In an official communique, the Belizean authorities have confirmed the existence of the cases, indicating that the infection came from Honduras. [Guatemala City PRENSA LIBRE in Spanish 11 Jul 82 p 4 PA]

CSO: 5400/2195

BRIEFS

GARBAGE DISPOSAL PROBLEM--RESIDENTS of Greater Georgetown are throwing away 80 000 tons of rubbish every day but the Municipal incinerator cannot cope with this huge amount of waste. A City Councillor, who wished to remain unnamed, told the Chronicle recently that the incinerator is old and many of its parts are worn beyond repair. According to the councillor, the Municipality reviewed the problem of the incinerator four months ago and discussed various solutions. One of these solutions seems to be the controlled dumping which is taking place in the South Ruimveldt area. However, this dumping has led to complaints from residents there about a sudden increase of flies and mosquitoes which they feel pose a health hazard. Principal Medical Officer Dr. London contacted the Cleansing Department about the complaints. The doctor in charge of Epidemiology said Cleansing Officer Sydney Thomas has told him there was little the Council could do about the situation now because they were operating under financial constraints. [Georgetown GUYANA CHRONICLE in English 30 Jun 82 p 3]

INCREASE IN CHICKEN POX--CHICKEN POX, scabies and gastro enteritis are some of the main diseases which have been engaging the attention of the Linden Town Council in recent times. According to Public Health Co-ordinator, Venus Smartt, chicken pox surfaced in late 1980 when some 20 cases were reported. By the end of last year, it had affected 160 persons. Reports for 1982 are not immediately available but from all indications, the virus was still very much in evidence, she said. Scabies, a skin condition said to be very evident in the Linden area, has infected a large number of children and to date over 320 cases have been reported since late 1980. In the case of gastro enteritis, there has been a decline which according to Cde. Smartt, may be attributed to the improved potable water supply system in the town. Meanwhile, an estimated 90 per cent of the region's children have been immunised against polio. Many of those vaccinated recently as a result of a stepped-up immunisation campaign by the Health Ministry, hailed from riverain communities such as Muritaro, Bootaba, Good Hope and Maria Elizabeth. [Georgetown GUYANA CHRONICLE in English 30 Jun 82 pp 6-7]

CSO: 5400/7570

BRIEFS

UNNAMED DISEASE SPREADS--Though malaria is said to have been "contained" in three sub-divisions of Jalpaiguri district where the outbreak was acute, the disease is spreading in the neighbouring sub-divisions. Cases have been reported from Jalpaiguri and Alipurduar towns. Outbreak of malaria has been reported from 110 villages in Jalpaiguri. According to the latest reports received by the Health Department 2,625 cases of malaria were recorded of which 430 were "malignant." The total number of deaths recorded was 114. Mr Nani Bhattacharya, Health Minister, said in Calcutta on Monday that while the spread of the disease at Dupguri, Madarihat and Falakata had been somewhat checked, it was spreading in Mal, Alipurduar I, Kalchini and Manbazar sub-divisions. In the last few days over 280 cases were detected at Alipurduar, 105 in Kalchini and 123 in Manbazar. [Text] [Calcutta THE STATESMAN in English 21 Jul 82 p 3]

MYSTERY DISEASE IDENTIFIED--JALPAIGURI July 18--The so-called mysterious disease raging in Jalpaiguri district since the third week of April is according to Dr B. N. Tripathy, Health Officer of Jalpaiguri, malaria in an epidemic form. It is being fought. He said that till now 2,625 positive malaria cases had been detected and that out of these, 2,195 were ordinary ones and 430 malignant. The disease has spread to all 13 blocks of the district, but it is virulent in five blocks. Dhupguri, Madarihat Kumargramduar, Falakata and Rajganj. One hundred and fourteen people have died in these five blocks. The West Bengal Halth Minister, Mr Nani Bhattacharya, during his visit to Jalpaiguri last week, formed two committees, the district coordination committee and the block-level coordination committee, to formulate measures to fight malaria. The former will meet every month and the latter every Saturday to review the position [Text] [Calcutta THE STATESMAN in English 19 Jul 82 p 7]

RAIPUR CHOLERA DEATHS--Raipur, July 24 (PTI)--Eight persons have died of cholera in Raipur district since May this year according to official sources here today. Eighty-two others were affected by the epidemic, 57 of them from urban areas, the sources said. The Raipur district collector has declared the entire district as cholera affected area for a period of six months. [Text] [New Delhi PATRIOT in English 25 Jul 82 p 4]

SPREAD OF MALARIA--Durgapur, July 20--There are indications that the disease which has claimed more than 100 lives in the districts of north Bengal has spread to Durgapur. During the past four days two children died of the disease at Viswakarmanagar Hospital here. One of them had been to Siliguri a few days before but the other was all along in Durgabur. [Text] [Calcutta THE STATESMAN in English 20 Jul 82 p 16]

CSO: 5400/7098

NEW PHARMACEUTICAL SYSTEM BASED ON 'GENERIC DRUGS'

Tehran IRAN PRESS DIGEST in English 20 Jul 82 pp 5-8

> [Text] The object of our country's new pharmaceutical system is "The Generic Plan" by which all drugs of identical formula will be produced under one name and thus reducing 4000 items of drugs to about 1000 generic drugs."

The insufficiencies of drugs during the transition period from a commercial and publicity system to a new and scientific pharmaceutical system are about to be eliminated these days, the insufficiencies which were arising from the change of a system imposed by plundering multinational companies through domination over Iranian pharmaceutical market offering identical drugs under different commercial names of no quality. In order to put an end to such monopolistic business, the Ministry of Commerce has introduced the Generic Plan during the last year and trying to alleviate the insufficiencies it has increased the imports of generic drugs from 270 items in 1360 to 465 items during 1361 at a time when about 97% of drugs imports are handled by the government. Meantime to totally remove the shortage of essential drugs, the government has authorized private import companies to import drugs under their own brands which is forming several percent of imported drugs. However the pharmaceutical system is fully monopolized by the government and all drugs of public and private sectors are distributed through one of the six state distribution networks. The generic plan has been the foundation of country's new pharmaceutical system since some time causing basic changes towards offering the best type of drugs and elimination of commercial consumption system in imports and local productions. The unreasonable imports of different drugs of similar formula during the past regime had provided a thriving market for plundering multinational drug companies when such companies were raising the false consumption level of drugs among people through publicity advertising over their different commercial brands, filling their coffers with the wealth of our deprived people. However the object of the new pharmaceutical system of the generic plan is to bring all drugs of single formula under one name and so 4000 items of drugs will be reduced down to about 1000 generic drugs.

In Generic Plan, drugs of several identical types are packed in a single specific type and offered at a fixed price containing effective amount of materials while a single type of drug used to be marketed during the old commercial pharmaceutical system even under seventy different brands and the multinationals were imposing such pharmaceutical formula the major characteristic of which was difference in price not any difference in quality whereas the Generic Plan has eliminated the unnecessary compositions offering the drugs at reasonable prices.

Production and Imports of Generic drugs:

The officials in charge have announced at the moment that 97 percent of pharmaceutical imports are handled by the government, 3 to 5 percent is handled by the private sector and the local production has increased from 30% to 60 percent of total drugs requirements.

Dr Nik-Nejad Deputy Minister of Health for Pharmaceutical Affairs, speaking about the amount of imports, generic local productions, and production stages of generic drugs said:

"The State Pharmaceutical Company has launched its operations in connection with drugs imports under generic names since the second half of 1360 and so long as the company is unable to supply the entire hundred percent of country's drug imports, private companies shall be authorized to import some of the items of essential drugs listed as generic drugs and needed by the patients, under their own nongeneric names. The amount of such imports will of course not exceed over 10 percent. The State Pharmaceutical Company is scheduled to offer such drugs through news paper announcements. About 50 items were announced already during the first half of June and the rest are either in the customs or on the way which will be marketed immediately upon clearance from customs, and shall be distributed through Alborz Company which is one of the State Pharmaceutical Distribution companies. Needless to mention that such items are other than cancer drugs imported by the State Pharmaceutical Company and offered to Cancer Prevention Organization. We hope to achieve our goal in this plan gradually so far as the country interests permit and announce the rest of drugs shortly through papers."

Speaking about the generic drugs production stages and the local production amount of generic drugs he said: "In order to import drugs of generic names or to include it in the local production plan a list of the required items are supplied to local pharmaceutical manufacturers since the past 18 months and such manufacturers have planned the formulation, supply of raw materials, production, control, and packing and about 80 percent of such drugs are already produced up to-date and ready to receive the license, price and sale to medical institutes and drug stores, and we hope to complete the other 20 percent of such generic drugs through the cooperation of those involved. However, if a locally produced drug failed to cover the medical requirements of the country or where there is no chance of production at the moment it will be imported based upon the statistics of Statistics and Planning Department of Ministry of Health to be given to the State Pharmaceutical Company."

"Our aim is that medicines manufactured and or imported by different sources under a single name be offered in a single specific packing, at a single unit price and a therapeuctic dose. For instance, we have tried to offer tables in packages of 100 each, suspensions in bottles of 60, 120, or 140 cc capacity, and drops in bottles of 15 ml. Since there is some difference between the new policy and old packing we have asked the physicians to indicate the number of medicines in their prescriptions.

Drug Imports:

The State Pharmaceutical Co. has taken over the imports of drugs with generic names since the past eight months, and the Ministry of Health is advising the Pharmaceutical Co. of the amount of drugs to be imported and the types of generic drugs required by the country upon surveying the amount of local productions so that the required quantities can be imported. The year 61 imports statistics of the State Pharmaceutical Company proves that this figure has increased 11 times over the 57 imports. Assuming that the pharmaceutical imports of 57 was 2219 million rials, such amount will reach at 25000 million rials during 1361.

In a talk with Ali Olama-zadeh Director General of the State Pharmaceutical Company about the pharmaceutical issues and the duties of the company he said: "The duty of this company is to supply medicine and medical equipment required by all the public medical units affiliated with the Ministry of Health, Army, etc., and the second duty is to import hard-to-find drugs so that it can be offered to public through the private sector. This company has taken over the imports of drugs since the revolution and upon principle 44 of Constitution whereby the foreign trade should be taken over by the government. This company has started imports of drugs with generic names for the public and private sector since 50' in cooperation with the country's pharmaceutical industry and receiving an import planning schedule from the Department General of Pharmaceutical Services which is in charge of staff duties, while we have imported over 100 items of hard-to-find drugs during 59, and following the plan we have succeeded to order 270 items of drugs from well known and reliable foreign manufacturers during 1360, a figure which has reached 465 items of generic drugs during 61. The company is already trying to determine prices and deciding to select and purchase such products from different reliable production sources of the world.

The third duty is to supply part of the medicines required by the country. Part of the imported drugs are of course distributed by the Supply Organization of Red Crescent and Daru-Paksh Distribution Company a subsidiary of the Ministry of Health and one or two other companies affiliated with nationalized industries.

How To Solve the Shortage of Medicines

Consumption of medicine has increased by 28% during the last year compered with the preceding year, and this has occurred while the imports of the State Pharmaceutical Company during 61 has jumped by 11 times over 57 and seven times over 56. However, despite such amount of imports we are still facing pharmaceutical problems because of the physicians lack of knowledge of generic drugs and drugs the licenses of which are already cancelled during the transition period from the old commercial system to new generic system. The Ministry of Health has authorized pharmacists to replace the commercial drugs prescribed by doctors by generic drugs and the ministry is trying to inform the doctors and pharmacists further on the new system. Surveying the shortages and problems of drugs supplies Dr Nik-Nejad the Deputy Minister of Health is asked about the question who says: "Considering the development appearing in the pharmaceutical system and the current transition period conditions, the chance of shortage in some of the drugs due to lack of full knowledge by doctors of the available medicines and elimination of drugs with commercial brands has created certain problems for patients which we hope will be solved through information and advice to be given to physicians and pharmacists when they will have the knowledge of the available drugs to prescribe it accordingly, Therefore, the doctors are currently prescribing medicines the licenses of which are already cancelled or medicines already marketed for which they are only giving the commercial names. At the present war situation, priorities are given to fighters in the front and those wounded in the war. Another question is the fact that the drugs consumption has substantially increased over the standard limits under the present conditions in such a way that the total consumption of '60' had an increase of 28% over '59, in the other hand international companies are causing a number of problems in supplying the raw materials, packing and finished products.

Speaking on the doctors and pharmacists knowledge of locally produced or imported drugs Dr Nik Nejad said that 6 pharmaceutical distribution companies will soon contact doctors and pharmacists offering them the required information. In the other hand the Ministry of Health is about to publish a research and scientific book of generic drugs in which the latest information up to 1981 will be offered to physicians and those involved in medical business.

Effective factors in medicine consumption:

The consumption of medicine has increased for certain reasons under present conditions partially caused by expansion of health and medical services of Development Crusade in rural areas. All Olama-zadeh, Director General of the State Pharmaceutical Company believes that the following factors are effective in consumption of drugs:

1. Health and preventive plans by which the more preventive measures of diseases are developed the lower will be consumption of drugs drop down.

2. There is a direct relationship between medicine consumption and expansion of medical services through the rural areas and districts.

3. Development of public or group insurance which has caused higher consumption of medicines.

4. Carrying out training programs for different medical groups in connection with planning of medical services development.

5. Development and growth of national pharmaceutical industries which has a reverse relationship with the amount of medicine.

6. The consumption of medicine will automatically drop when the generic plan has been fully implemented.

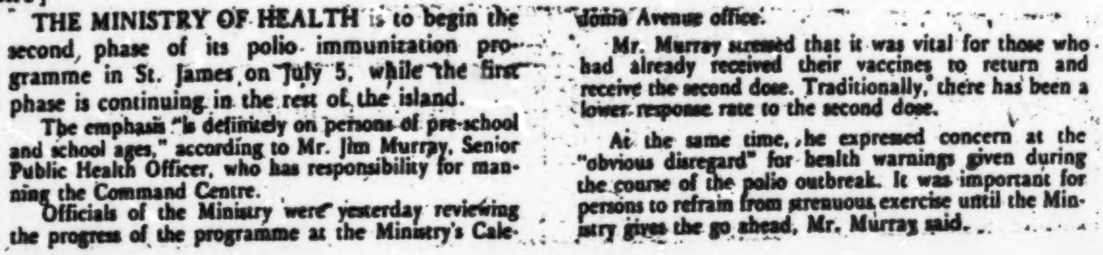
CSO: 5400/5330

ANTI-POLIO DRIVE IN PHASE 2; TOTAL OF 58 CASES REPORTED

Emphasis on Children

Kingston THE DAILY GLEANER in English 29 Jun 82 p 1

[Text]



THE MINISTRY OF HEALTH is to begin the second phase of its polio immunization programme in St. James on July 5, while the first phase is continuing in the rest of the island.

The emphasis "is definitely on persons of pre-school and school ages," according to Mr. Jim Murray, Senior Public Health Officer, who has responsibility for manning the Command Centre.

Officials of the Ministry were yesterday reviewing the progress of the programme at the Ministry's Caledonia Avenue office.

Mr. Murray stressed that it was vital for those who had already received their vaccines to return and receive the second dose. Traditionally, there has been a lower response rate to the second dose.

At the same time, he expressed concern at the "obvious disregard" for health warnings given during the course of the polio outbreak. It was important for persons to refrain from strenuous exercise until the Ministry gives the go ahead, Mr. Murray said.

Future Plans

Kingston THE DAILY GLEANER in English 30 Jun 82 p 7

[Text] THE GOVERNMENT IS STUDYING making the vaccination of children against diseases like polio necessary for admission to public schools, the Minister of Health, the Hon. Dr. Kenneth Baugh, said yesterday.

Speaking in the sectoral debate in the House of Representatives, Dr. Baugh said that as a precautionary measure against outbreaks of diseases like polio, diptheria, whooping cough, tetanus, measles and rubella, the Government was considering making vaccinations against such diseases relevant to admission to public schools.

Dr. Baugh was giving an update on the polio outbreak and measures which are being planned to prevent further outbreaks.

Dr. Baugh said that 4½ million doses of anti-polio vaccine have been ordered by the Government, of which 3.7 million doses have been received and 3.6 million doses already distributed.

He said 58 cases have been discovered so far of which 44 were in St. James, three in Westmoreland, one in Hanover, two in St. Ann, one each in St. Mary and Manchester, and two in Kingston and St. Andrew.

IN PARISHES OTHER THAN ST. JAMES, there was very little evidence of secondary spread, suggesting that the early immunizations were effective in preventing a spread of the disease.

In age group up to four years old there were 30 cases or 55 per cent five to nine age group, 22 per cent 10-14 age group, 5.5 per cent 15-19 age group, 7.4 per cent and over 20 age group, 2 percent.

He said 77.7 per cent of the cases were under 10 and 88.3 per cent under 15 years. The youngest case was seven weeks old and the mother of the child was a teenager who had not been vaccinated.

There was one death -- a child aged two which was recorded early in the history of the outbreak and it occurred in Montego Bay. There were 19 cases which had no previous history of immunization, three had one dose previously, two had two doses previously and two previously had three doses and had been immunized.

More than 90 per cent of the susceptible age group, which is up to 15 years of age, have been immunized.

Dr. Baugh said the susceptible group were children under the age of 15 years and the Government's immunization programme would concentrate on that age group.

He said the co-operation of the public in seeing that those children get vaccinated was vital to the success of the programme.

THE NEXT STAGE of the immunization programme would commence in the first week of July.

He said outbreaks of polio and gastroenteritis highlighted the significance of paying attention to proper sanitation, cleanliness, proper garbage disposal, proper personal hygiene; and a method of controlling and preventing illness and to prevent the spread of diseases in the communities, was necessary.

He had met with the Ministers of Local Government and Public Utilities to discuss special factors relating to communities where there are over-crowded homes and insufficient sanitation and sanitary conveniences, and it was hoped that out of a programme initiating an assessment of the problems that exist in each parish, a plan will be formulated for short-term upgrading of conditions with respect to the areas affected.

CSO: 5400/7569

BRIEFS

NEW HOSPITAL FOR GHADAMIS--The new central hospital in the southwestern town of Ghadames will be opening soon, the Jamahiriya news agency JANA disclosed on 28th May. The 134-bed hospital, fully equipped with the most modern equipment has operating theatres and units for maternity, gynaecology, contagious diseases, intensive care, casualty, diagnosis, cardiology, brain scanning, chronic illnesses and physio-therapy. The hospital complex includes a doctors and nurses residence and a mosque. The $62.5 billion 1981-85 development plan calls for the construction of 29 new hospitals throughout the Jamahiriya with an increase in the number of hospital beds in the country from 14,472 in 1980 to 23,765 in 1985. The ratio of beds per thousand population is set to increase from 4.5 in 1980 to 6.0 by the middle of the decade. Total allocations for health service developments amount to LD650 million. [Text] [London JAMAHIRIYA REVIEW in English No 26, Jul 82 p 18]

CSO: 5400/5021

BRIEFS

DENGUE CASES IN KELANTAN--The dengue situation in Kelantan is worsening with 26 cases, including 2 deaths reported so far. The director of the state Medical and Health Services Department said the outbreak is serious and the department is still receiving new cases. The four latest cases, including that of a 9-year old girl, were detected in the past 6 days. [Kuala Lumpur Domestic Service in English 1130 GMT 26 Jul 82 BK]

CSO: 5400/2195

BRIEFS

DENGUE OUTBREAK--Culiacan, Mexico, 26 Jul (NOTIMEX)--Today 140 cases of dengue were detected in several low-income neighborhoods. More than 10 of these neighborhoods have already been fumigated and there are plans to do the same in at least eight others. In addition, an undetermined number of cases has been reported in other places. According to a health sector spokesman, the situation is serious but not grave because the disease is not fatal and its symptoms usually disappear after a period of about 8 days. [Mexico City NOTIMEX in Spanish 0315 GMT 27 Jul 82 FL]

CSO: 5400/2195

RADIOACTIVE ELEMENTS SUSPECTED IN UNIDENTIFIED DISEASE

Guangzhou HUANJING [ENVIRONMENT] in Chinese No 5, 1982 pp 4-5

[Article by Zheng Yuanchang [6774 6678 2490], Chengdu Geology Institute: "Strange, Unidentified Disease"]

[Text] In western Sichuan Province stands a lofty and imposing, perenially snowcapped high mountain, Gongga Mountain famed at home and abroad. Gongga Mountain's main peak stands 7,556 meters above sea level, towering above the surrounding mountains. The people call it "king of Sichuan's mountains." On the eastern slope of the main peak in the mid reaches of the Moxi River valley lies a not very large expanse of flat land called the Gao Family Flats. Reportedly several decades ago this was a place where members of the Gao clan lived, and it had a flourishing population. Subsequently, however, because of changes in the "geomancy," people suffered misfortunes, so the villagers had no choice but to leave in a steady stream, moving to the slope below the flatland, where they rebuilt their homes. This is the site of the present Puzisan Brigade of Xinxing Commune in Huding County.

Puzisan Brigade has 18 households totaling 75 people sparsely distributed along 2,300 meters of the slope. This is the largest settlement in the Moxi River valley. Here the loose clinosol provides superior conditions for the growing of crops. The wheat, corn, and potatoes they plant grow vigorously and form the principal local food. In addition, every year brings good harvests of Chinese cabbage, cabbage, kidney beans, soybeans, radishes, and such vegetable crops. In the village, tall walnut trees grow before and behind houses, providing an abundant crop in the fall. On the slop the famed medicinal material, Gastrodia elata, grows profusely. The area is richly endowed by nature. One might say that the Moxi River valley area could be rated as having bumper crops and beautiful scenery.

However, who would have expected that in this bountiful land people would suffer severely from a puzzling disease. This disease is an extremely strange one in which a lump grows in the sufferer's belly. The place in which this lump grows is also very exact, not to the left or the right or above or below, but precisely between the pit of the stomach and the navel in all cases without exception. Once one contracts this disease, he will die a lingering death within 7 to 8 years or as few as 4 or 5 years, yet no one can identify this disease.

When this disease first begins, the lump on the belly is only as large as a soybean. It is slightly hard, smooth and hairless, and causes no pain or itching. Unless one paid close attention, he would not be aware that such a peculiar thing was growing on his belly. By the second year the lump has grown as to the size of a betel nut, and by the third year it is fully as large as a walnut. Nevertheless, the lump causes no discomfort and only a little itching. It feels springy to the touch; its outlines are clear; and it protrudes noticeably. By the fourth year the lump is the size of a hen's egg and the skin on it red and inflammed, but still there is no pain. By the fifth year the skin on the lump splits open and yellow pus flows from it steadily. Next the entire lump bursts, a protrusion existing all around a center depression like the mouth of a volcano. The opening is putrid, and numerous pupae the size of a rice grain grow out of it. At this time the sufferer is gasping with pain. He is restless all the time, listless, and he gradually grows increasingly thin. Within a short time, he dies. Since the origin of this disease and ways of treating it are presently unknown, those who contract it can only resign themselves to their fate. A year ago, a soybean size lump erupted on the belly of a strapping young lad of 28. Bearing the pain, he cut it out with a small knife, but unexpectedly it grew back after he had cut it out, and he cut it out again several times, never being able to get rid of this strange illness.

Yet another "strange thing" about this disease is that sufferers, both male and female, have all been more than 20 years old. Up to the present time there has been no case in which a person under 20 years old had this disease. According to an investigation made in 1980, the rate of incidence of this "strange disease" in Puzisan Brigade is 10 percent, and it has become like an invisible specter that is threatening the health of the local people.

Sichuan Province had has many strange disease since ancient times, and it seems that this disease is very much connected to the special local environment. Our prelimiary understanding is that there are no outstanding differences between the natural environment and living habits of commune members in this brigade and in neighboring brigades. Only the sources of their drinking water differ. Puzisan Brigade's drinking water comes from a spring in the granite rock of the Gao Family Flats and from seepage wells along the slope, while neighboring brigades get their drinking water from the river. Analysis of water samples shows no abnormal differences in the chemical composition or trace element content of water from this brigade as compared with neighboring brigades; however, water from the spring and seepage wells contain fairly high radioactive elements. Could it be possible the these radioactive elements are the main cause of this "strange illness?" Though there is some indication of this, it is still a "mystery". A causal relationship between radioactive elements and the "strange illness" awaits further exploration. Association of the historical fact of the flight from the old land by the ancestors of the people of Puzisan Brigade because of bad "geomancy" inevitably causes people to seriously study this new problem: the relationship between trace elements in the environment and people's health.

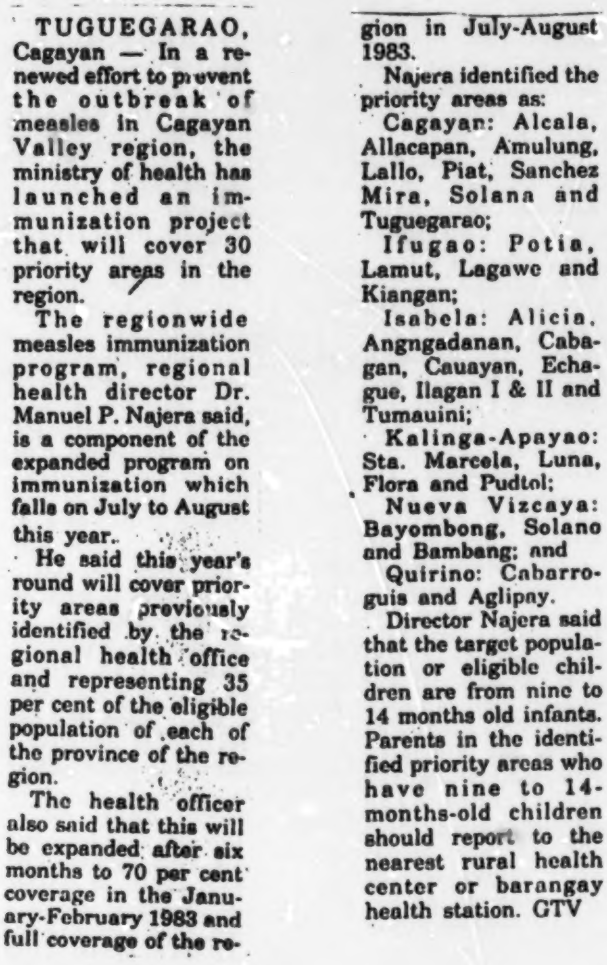
9432
CSO: 5400/4005

ANTI MEASLES DRIVE SET FOR CAGAYAN VALLEY

Manila BULLETIN TODAY in English 27 Jul 82 p 23

[Article by Gabby Visaya]

[Text]



TUGUEGARAO, Cagayan — In a renewed effort to prevent the outbreak of measles in Cagayan Valley region, the ministry of health has launched an immunization project that will cover 30 priority areas in the region.

The regionwide measles immunization program, regional health director Dr. Manuel P. Najera said, is a component of the expanded program on immunization which falls on July to August this year.

He said this year's round will cover priority areas previously identified by the regional health office and representing 35 per cent of the eligible population of each of the province of the region.

The health officer also said that this will be expanded after six months to 70 per cent coverage in the January-February 1983 and full coverage of the region in July-August 1983.

Najera identified the priority areas as:

Cagayan: Alcala, Allacapan, Amulung, Lallo, Piat, Sanchez Mira, Solana and Tuguegarao;

Ifugao: Potia, Lamut, Lagawe and Kiangan;

Isabela: Alicia, Angngadanan, Cabagan, Cauayan, Echague, Ilagan I & II and Tumauini;

Kalinga-Apayao: Sta. Marcela, Luna, Flora and Pudtol;

Nueva Vizcaya: Bayombong, Solano and Bambang; and

Quirino: Cabarroguis and Aglipay.

Director Najera said that the target population or eligible children are from nine to 14 months old infants. Parents in the identified priority areas who have nine to 14-months-old children should report to the nearest rural health center or barangay health station. GTV

CSO: 5400/5703

BRIEFS

PNEUMONIA RISING--Health authorities cautioned yesterday the public against getting caught unprotected in the rain as the number of pneumonia cases hospitalized leaped from 204 to 281 last week. According to the latest disease intelligence center report, this number is more than twice the five-year median of 117. The DIC based its report on admissions at the San Lazaro Hospital (SLH). A big majority of the pneumonia patients admitted were from Metro Manila with only 21 cases coming from nearby cities and provinces. A considerable increase in hospital admissions for diarrhea was noted at the SLH with 237 diarrhea patients registered during the week. In the previous week 201 patients with diarrhea were hospitalized. Diarrhea, however, seemed to be under control as it has not yet surpassed the five-year median of 399. A total of 221 cases reported came from Metro Manila while 16 cases were brought to the SLH from surrounding provinces and cities. The incidence of typhoid fever, measles and H-fever declined during the same week with only 14, 58 and 11 cases reported, respectively. [Text] [Manila BULLETIN TODAY in English 30 Jul 40 p 40]

CSO: 5400/5703

BRIEFS

POLIO DEATH--ANOTHER polio death has been reported in the Northern Transvaal, bringing the total number of child deaths since the start of the current epidemic to 25. Twenty-three of the deaths have occurred in Gazankulu. The Director-General of Health, Dr Johan de Beer, said yesterday a total of 253 children had been admitted to hospitals, 228 of them in Gazankulu. Eighteen polio patients were being treated in Lebowa and no deaths had been reported in that area, he said. No further cases had been reported in the Republic, he said. A spokesman for the Department of Health said 20 patients were being treated for typhoid at Weskoppies Hospital near Pretoria. Authorities predicted the disease would not spread. [Text] [Johannesburg THE CITIZEN in Engsligh 24 Jul 82 p 3]

CSO: 5400/5693

BRIEFS

VACCINATION OF ANIMALS--In the first of this year, the veterinary service in Battambang Province vaccinated over 40,000 head of oxen and buffalo against foot-and-mouth disease, anthrax, black leg, hemorrhagic septicemia and rinderpest, over 3,999 hogs against swine pest, and tens of thousands of hogs against diamond skin disease. [Phnom Penh Domestic Service in Cambodian 0400 GMT 17 Jul 82 BK]

CSO: 5400/2195

BRIEFS

LOCUST DAMAGE--Malacha, 18 Jun--A pestilence similar to locusts is ruining the grazing lands the zone of Toraza, La Chica and El Playon, towns situated along the road that goes from Malacha to Pina. Farmers in this region went to the local news media to say that a few days ago a kind of locust has shown up that is ruining the grazing lands everywhere in that sector, which had been rehabilitated by rains that fell in the closing days of winter. They said that the damage that they are experiencing is very serious and will gravely affect that zone which is known for its livestock raising. They said that they had communicated the matter to the Ministry of Agriculture and Livestock (MAG), demanding their consideration and that they think that in the upcoming days technicians from MAG will visit the places named in order to take measures to stop the aforesaid phenomenon. Livestock raising in that area is considered important to supplying the markets in Santa Rosa, Pasaje and Machala. Continuation of this plague in the grazing lands would bring on an economic crisis among the farmers in the area. [Quito EL COMERCIO in Spanish 19 Jun 82 p A 12] 9908

CSO: 5000/2141

FUNGUS DISEASE SPREADING AMONG PINE, JUNIPER FORESTS

Helsinki HELSINGIN SANOMAT in Finnish 10 Jul 82 p 6

[Article by Leo Lipsonen]

[Text] Although one would think that such genuinely Finnish species as pine and juniper would adapt well to changing conditions, the bad weather we have had the past few years has already seriously affected their health. A persistent fungus disease is plaguing junipers and pines are suffering from a pine shoot cancer in an ever-widening area. The wet and otherwise bad weather has noticeably accelerated the spread of both diseases.

Stigmina juniperina, the disease that attacks junipers, is already found throughout the whole country with the exception of Lapland. This fungus disease gradually turns the juniper needles brown and may kill the tree entirely. The pine shoot cancer has wrought havoc locally before too, but this year it seems to be spreading more widely than before. Most often it only kills the tips of the pine shoots, but sometimes hectares and hectares of forest are involved, Dr of Agriculture and Forestry Timo Kurkela of the Forest Research Institute told us.

Stigmina juniperina has not been studied here in Finland because juniper is of no economic importance. The Forest Research Institute has, however, received a flood of questions as to what could make junipers that were once healthy turn brown and lose their needles. Kurkela said that they have had calls particularly from the Lounais-Hame and Pirkka-Hame area where columnar junipers predominate.

According to Kurkela, the fungus disease is found in Ita-Suomi junipers too, but perhaps peple do not take much note of it there. In Ita-Suomi junipers generally grow as shrubs, not as stately columnar trees.

Kurkela found Stigmina juniperina at Virolahti for the first time in 1969. In that same year he came across the disease in Helsinki too.

There are also two other kinds of Stigmina disease. The famous researcher, Petter Adolf Karsten, came across a different kind of fungus disease as early as the 1800's. Before Kurkela no one had paid any attention to Stigmina juniperina even though, according to him, it does belong to the natural mycology of junipers.

Does Not Always Kill Junipers

All anyone has to do to recognize this fungus disease is to go to the trouble of observing the needles that have turned brown. Even with the naked eye dozens of little dots can be seen on them.

Stigmina juniperina does not always entirely kill off the juniper. Junipers growing in shady spots are in the greatest danger. In open spots the spores are generally not able to infect junipers as much.

Even though the lower part of the juniper may be completely brown, there may still be a green tuft at the top. As long as there are green needles on a juniper, it can survive. A juniper that has turned completely brown may be cut down since it has already died.

Kurkela believes that the fungus disease is not spreading as quickly as it has before because juniper needle growth has diminished. Stigmina juniperina can be combatted chemically, but the pesticides have not been approved for use in Finland.

"Of course, a manufacturer could apply to the Plant Protection Institute for approval of a pesticide to be used for this purpose. Before that, however, the tests required by law would have to be made."

In the United States the disease has been combatted in connection with the cultivation of wine grapes by using a Bordeaux pesticide.

They had trouble with pine shoot cancer as early as the 1940's on Forest Research Institute plantations on which foreign varieties of pine were grown. The disease spread when sapling stands planted in the 1920's and 1930's were not thinned out during the war.

In the 1960's pine shoot cancer cropped up in Pohjois-Suomi in both nurseries and cultivated sapling stands. After that, farther south there was very severe local damage. Kurkela said, however, that pine shoot cancer has never before spread as far as it has this year.

Pine shoot cancer has been found mostly in the watershed area, from the Kurku-Parkano districts to Multia. According to Kurkela, the northernmost damaged areas are around Viitasaari. The disease has, however, to some extent been found even near Rovaniemi.

In mild cases, pine shoot cancer is satisfied with killing the tips of the pine shoots. Most often the damage goes no farther. Sometimes the disease kills a tree here or there. The ravaging of all the hectares of a pine forest is, however, rare.

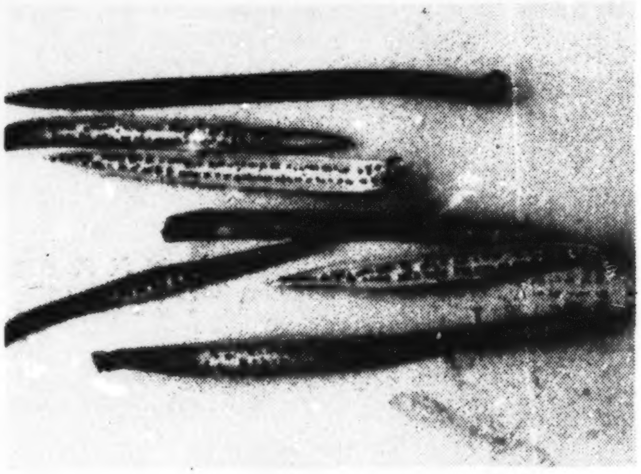
"Moisture affects pines in two ways. First, the pine is weakened. Second, the spores spread more rapidly," Kurkela explained.

The disease can be combatted in nurseries with poison. There is no way of combatting it in the forest.

Improvement May Produce Risks

"Aside from trees of foreign origin, all pines that have been transferred from the south to the north are also particularly susceptible to pine shoot cancer. We may have to reconsider the arguments for the forest improvement effort, which take into account only tree production and growth. Improvement may in future produce risks," Kurkela suspected.

According to Kurkela, it is not at all certain that a pine of local origin would be resistant to the disease. Northern pines, however, certainly resist pine shoot cancer better than purely grown improved pines brought in from the south.



Microscope magnification of juniper needles attacked by the fungus disease. The small dots can even be seen with the naked eye.

11,466
CSO: 5400/2184

SPOTTED ALFALFA APHID COUNTRY'S LATEST INSECT PEST

Auckland THE NEW ZEALAND HERALD in English 9 Jul 82 p 13

[Text]

New Zealand's latest insect pest, the spotted alfalfa aphid, has been found to breed on white clover, as well as lucerne.

Government scientists will be watching intently when it resumes its activity later next spring, trying to discover what damage it may do to clover, the plant at the heart of New Zealand's grassland farming system.

The aphid was discovered in New Zealand for the first time only on April 21.

Before the winter closed in it had been found on five sites between Helensville and Huntly and sprayed with what scientists at Ruakura last week estimated was a 99.99 per cent kill rate.

They are still certain, however, that the pest will reappear.

Most adults are female and give birth to young without mating, so a single survivor can start a new population.

A theory has been put forward that the insect may have blown across the Tasman in storms at Easter.

But Dr. R. P. Pottinger, leader of the insect control and organic chemistry group at the Ruakura Agricultural Research Centre, said last week that this was not certain.

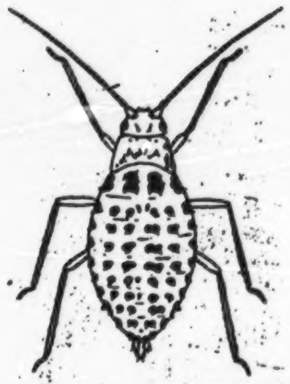
The spotted alfalfa aphid reached Australia in 1978, and caused considerable damage to lucerne crops there.

"In New Zealand we have a type which attacks both clover and lucerne," he said.

"It is not clear why its behaviour is different from Australia."

Dr Pottinger said scientists were not yet sure what the new pest's importance would be in New Zealand. It had not yet been present in sufficient numbers to gauge what damage it could cause.

New Zealand already has about one-fifth of its lucerne stands planted in aphid-resistant strains.



The wingless, adult spotted alfalfa aphid.

CSO: 5400/9090

TANZANIAN GRAIN IMPORTS BANNED BECAUSE OF GRAIN BORER THREAT

Lusaka TIMES OF ZAMBIA in English 17 Jul 82 p 2

[Text] AN entomologist at Mount Makulu research centre in Chilanga has warned villagers in Northern Province against making private arrangements to buy grain from Tanzania.

Mr. David Sachisuwa said in a radio programme yesterday that if the villagers got grain from Tanzania illegally they would unknowingly bring the dreaded grain borer into Zambia.

Research had shown that the pest had not entered the country. The grain borer originated from the United States and this was the first time it has been reported in Africa.

The research station has mounted an educational campaign among villagers on the borders with Tanzania to make them aware of the dangers of the destructive pest.

Transporting

The companies transporting grain from Dar es Salaam have been advised to take precautionary measures to kill the pest before reaching Zambia.

If by mistake the pest gets into Zambia it would cause a lot of damage to grain.

"But we are taking all measures to see to it that it does not come to Zambia."

Following reports about the pest the Government has banned the importation of the grain from Tanzania. In Livingstone, framers feared that the pest had crossed into the country when they saw that their maize had been destroyed early this year.

District agricultural officer Mr Humphrey Millapo took a Times reporter to visit the farms to see the damage the "new type" of pest had done to the crops.

CSO: 5400/5694

END

JPRS 81663

30 August 1982

Worldwide Report

EPIDEMIOLOGY

No. 292

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30 August 1982

WORLDWIDE REPORT

EPIDEMIOLOGY

No. 292

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IMPORT LICENSE DENIED TO IMPROVED RUBELLA VACCINE

Canberra THE AUSTRALIAN in English 21 Jun 82 p 3

[Article by Christine Herd]

[Text] AUSTRALIAN women are being denied access to an improved rubella vaccine because the Federal Government will not grant an import licence to its manufacturers, according to a Victorian scientist.

Mrs Barbera Francis, the senior virologist at Melbourne's Mercy Maternity Hospital said yesterday the vaccine, almevax RA 27/3, had been proved to be more effective in immunising women against rubella — commonly known as german measles — and was used widely in America and England in preference to sendehill, the vaccine given to Australian women.

She said: "The manufacturers of almevax gave our research team and researchers in Sydney samples of the vaccine, which proved to be very impressive.

"But we later discoverered that the Government would not grant an import licence for almevax and that if we wanted to use it more broadly we would have to import it privately and pay for it ourselves.

Mrs Francis has just completed a five-year study of the rubella prevention program.

The findings show some women do not develop immunity to rubella at the time of vaccination.

A further group lost immunity to the disease after two to three years.

The research team studied 7000 women over the five years. Of 122 women re-tested, two were found to have no antibodies present after six weeks and 19 had only very low levels.

Mrs Francis said: "When we decided to re-vaccinate again with sendehill there was only a limited benefit. However, we had very encouraging results when we used almevax. In one instance, there was an eight-fold boost in the number of anti-bodies present."

CSO: 5400/7573

BRIEFS

NO NEW TYPHOID CASES--Bahrain's anti-typhoid measures are paying off. No new cases of typhoid have been reported on the island for a week. The disease is now well under control says Dr Ibrahim Yacoub, assistant under-secretaty for preventive and primary health care. Only four or five people are now being treated for the disease and they will be discharged from hospital in a couple of days. "We are now convinced that the outbreak started with a carrier from abroad," said Dr Yacoub. Water, food or ice cream are just "vehicles" for the disease, according to Dr Yacoub. "He or she who carried the disease should have been effectively treated by now. That's why the outbreak has been checked," he said. Health officials are still continuing their mass immunisation programme. "Any food handler who catches the disease will be isolated." [Text] [Manama GULF DAILY NEWS in English 19 Jul 82 p 5]

CSO: 5400/4737

EPIDEMICS DECIMATE INDIANS IN AMAZON REGION

Brasilia CORREIO BRAZILIENSE in Portuguese 18 Jul 82 p 7

[Article by Rosane Garcia]

[Text] Only 15 days after the National Indian Foundation (FUNAI) contradicted a report by the Native Missionary Council [CIMI] about the death of 30 percent of the Matis Indian population from a flu epidemic, Kazuto Kavamoto, the organization's representative in Manaus, declared that not only those natives but also the Jurubos, Marubos and Maiorunas "are being afflicted with flu, malaria and diarrhea. Those diseases are being caused by the present low level of the Javari River and its tributaries, principally the Itui River."

According to Kazuto Kavamoto, "the situation in Javari Valley, in the municipality of Atalaia do Norte, is critical." Therefore, the CIMI insists on reasserting that the situation in Javari Valley is quite serious and that the FUNAI in Brasilia is aware of this, despite its contradiction.

Individuals who work in the FUNAI and reside in the area in question have advised the Ecumenical Center of Documents and Information (CEDI) that, from July 1981 to May 1982, there were two outbreaks of flu among the Matis, reducing their population from 138 to approximately 85 persons.

The FUNAI in Brasilia denies the facts, confirmed by its own employees. That strategy is regularly used by the organization to divert attention when the victims are Indians and when the facts threaten the adopted health policy. A similar situation occurred with the recent death of seven Araras, in Para State, considered "inevitable" by the protective organization.

In May, Paulo Moreira Leal, president of the organization, was in Sao Paulo at a meeting with the directors of the Sao Paulo School of Medicine (EPM). At that meeting, according to information released by the organization, it was decided that the Xingu National Park will be looked after by EPM students, with inspection of their work being the responsibility of FUNAI's health division.

The measure is also aimed at deactivating the Mobile Health Units (EVS), leaving the health control of those Xingu natives under the responsibility of the 3d and 4th year EPM medical students. If, in fact, this idea works out, the Xingus will be the "guinea pigs" of the Sao Paulo students.

FUNAI's affirmations and denials vary according to the circumstances. A typical example occurred this week when a Cayabi Indian, Evorum, mother of triplets on 10 July, was subjected to tubal ligature (tying of the tubes) without prior authorization by the organization.

Contradictions involving the mutilation of Indian women in labor are many. When the president of the organization asserted that he had not given his consent, obstetrician Raimundo Cavalcante declared that the FUNAI had given its authorization, "since, officially, the signature of Indians has no legal value."

Another contradiction, in Evorum's case, concerns the length of time the Indian woman was confined and the mortal risk she ran during surgery, thus motivating the tying of the tubes. Confined since March when she came from Xingu, the only problem Evorum had was a tooth infection, according to Dr Raimundo Cavalcante. It was not until the Caesarean section that the doctors perceived that Evorum's health would not permit another pregnancy.

This situation is evidence of a certain amount of neglect by the organization's health division which, according to the facts, is not taking proper care of ailing Indians when they come to Brasilia to receive medical treatment. And the situation is made worse by the fact that the health division doctors were not even interested in determining the possible causes which led the doctors of the Brasilia base hospital to tie Evorum's tubes.

In summing up all those recent developments, the CIMI emphasized this week that it is not enough for the FUNAI to refrain from delimiting the native territories to be omitted in its medical assistance program; it is now taking steps to limit the procreation of the Indians. "Whereas it should be the defender of the Indians, it is becoming their gravedigger," Father Paulo Suess, executive secretary, stressed.

8568
CSO: 5400/2191

BRIEFS

URBAN YELLOW FEVER CONTROL--Brasilia--Pedro Luiz Tauil, director of the Ministry of Health's department of epidemic eradication and control, said yesterday that it will take another 3 years to eradicate the last foci of the Aedes aegypti mosquito, the transmitter of urban yellow fever. According to him, Rio de Janeiro is the most difficult area in which to inspect houses. "Foci still existing in Salvador, Foz do Iguacu and Ponta Pora are expected to be under control within 6 to 18 months," he said. Pedro Luiz Tauil also said that the Ministry of Health has been striving for a continent-wide program to eradicate the Aedes aegypti, based on the experience of 18 American countries which, in the 1950's and 1960's, succeeded in eradicating urban yellow fever and dengne fever. However, some nations, such as the United States, Venezuela and Mexico, say that the costs are very high. "In fact," he asserted, "these countries are not running the risk of having to contend with an outbreak of urban yellow fever and, even if that did happen, they are able to combat such an outbreak rapidly. But the problme is expected to be resolved, for in June, at a meeting of the technical group of the Pan American Health Organization in Maxico, alternative methods were suggested to the organization's advisory board for the control of urban yellow fever and dengue fever." According to Pedro Luiz Tauil, the establishment of a continent-wide program is important, for, just recently, about 350,000 cases of dengue were reported in the Caribbean, with 158 deaths. [Text] [Rio de Janeiro O GLOBO in Portuguese 13 Jul 82 p 5] 8568

MENINGITIS IN SANTA CATARINA--Osvaldo Vitorino de Oliveira, general manager of the Santa Catarina Autonomous Department of Public Health [DASP], dismissed yesterday the possibility that the three cases of meningitis reported last week in Chapeco, in the western part of the state about 800 km from Florianopolis, might be the beginning of an epidemic in Santa Catarina. As of yesterday, the three children, admitted to the hospital with menigococcic meningitis, are doing well, although they are being kept in the isolation ward. Yesterday, the DASP manager said that thos cases are still within the normal range, since an average of about 600 cases of meningitis are reported in the state, 100 on the average being of the meningoccic type. In 1980, there were 626 cases, with 117 being meningoccic; in 1981, the total was 653, 112 being meningoccic; and in the first 6 months of this year, 235 cases have been reported, with 23 being meningoccic. Dr Osvaldo Vitorino de Oliveira said that normally the number of cases increases in the winter months, and the disease crops up in almost every part of the state. [Excerpts] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 13 Jul 82 p 12] 8568

CSO: 5400/2191

INCIDENCE OF SEXUALLY TRANSMITTED DISEASES INCREASES

Santiago EL MERCURIO in Spanish 10 Jul 82 p C5

[Text] "The increase observed throughout the world in the incidence of sexually transmitted diseases results from the fact that such diseases are spread by special means, aided by an obvious change in personal sexual behavior patterns."

These remarks were made by Dr Daniel Villalobos, director of the Third Conference on Sexually Transmitted Diseases conducted by the Public Health Institute and sponsored by the Department of Support for Programs of the Ministry of Health and the Pan American Health Office.

The conference was attended by professionals in charge of the administration of sexually transmitted disease programs and all the country's health services and by two professionals from Brazil.

Statistics

Dr Villalobos said that at the present time, our country has an incidence of 113 cases for every 100,000 inhabitants for gonorrhea and 80 cases for every 100,000 for syphillis. "However, we do not have good information in Chile, especially for gonorrhea, because in many cases, the person involved does not go to health centers with doctors set up for the purpose, preferring to consult a pharmacist or friends.

"That is perhaps why our figure is lower than in the United States, for example, where the rate is 200 for every 100,000 inhabitants for gonorrhea, but that country has a much more sophisticated system of information. Whatever the case, we are definitely improving our own system and beginning this year, we are using a new system of reporting cases which in the future will enable us to obtain much more realistic statistics," he added.

Concerning the increase in these diseases, he said that they cannot be controlled as strictly as typhoid fever, for example, in which case deficiencies in sanitation are corrected as soon as they are detected. "Sexual behavior has gradually become more permissive, especially among young people, which facilitates contagion, although the most important factors continue to be prostitution, homosexuality and promiscuity.

"Another aspect that gives these diseases their own stamp is that there is no type of vaccination or immunity, meaning that even if a person infected is cured, he can catch the disease again if exposed," he concluded.

11,464
CSO: 5400/2190

BRIEFS

CHOLERA INFESTED REGION--Medical authorities in Ashanti have declared the region a cholera infested area. A letter to that effect has been sent to the Ministry of Health in Accra. The Ashanti regional secretary, Mr Kwame Dwemoh-kessie, learned this when he visited the Nkenkansu Health Centre during a tour of the Offinso District last Wednesday. Mr Dwemoh-kessie was told that despite the fact that the Ministry of Health had been notified of the cholera outbreak in several parts of the region it had not announced the situation to the public. To prevent death and spread of the highly infectious disease a team of health personnel had been rushed to some parts of the region to innoculate the people. The medical assistant in charge of the health post, Miss Sophia Asiedu, briefing the regional secretary, disclosed that the health post recorded 12 cases of cholera within one week. She said because there were no cholera vaccines they had to treat patients with infusion and dehydration fluids. [Article: "Ashanti Declared Cholera Infested Region"] [Text] [AB161956 Accra Ghanaian TIMES in English 13 Aug 82 p 3]

CSO: 5400/5720

BRIEFS

MALARIA IN NORTH BENGAL--CALCUTTA, July 23--Malaria has been spreading in parts of Jalpaiguri district in north Bengal in an epidemic form despite preventive measures being taken since March. Even more disturbing is the fact that a fair proportion of the incidence also represents the malignant-type causing more fatalities than normally. In most of the fatal cases involving children, malnutrition is a complicating and contributory factor. The state government is, therefore, in touch with the national malaria eradication programme authorities already. It is also planning to contact the UNICEF for assistance towards enlargement of the coverage of the milk-feeding programme. The NMEP director is expected here on Monday. As the health minister, Mr. Nani Bhattacharyya, admits, the incidence has spread from the original four--Nagrakata, Dhupguri, Falakata and Madarihat--to 13 administrative blocks in the district. All the four blocks are in the tea belt. Till mid-July, the total number of attacks has been 3,248. Of these 2,532 have been confirmed as positive ordinary cases and the rest 716 of the malignant type. The numer of deaths is 117. The four blocks alone account for 2,313 cases, including 519 of the malignant type, and 113 deaths. Mr. Bhattacharyya regretted that some field officers and supervisors, involved in the preventive and control programme were noco-operative for one reason or another and were not attending to their work properly. However, the government was trying to its best to face up to the situation. [Bombay THE TIMES OF INDIA in English 24 Jul 82 p 9]

CSO: 5400/7101

BRIEFS

GASTROENTERITIS IN BANYUMAS DISTRICT --Gastroenteritis which began to occur in several villages in Banyumas Regency last May stormed through them during the second week of June. As of Tuesday afternoon [22 June] 19 persons were recorded as having died and 100 others were treated at hospitals and public health centers. The many victims caused a shortage of beds in public health centers in the disaster area. The local government had to open emergency receiving stations and patients had to provide their own mattresses and pillows. As of yesterday no mass inoculation to prevent the spread of the disease had been done by the local government since it was felt the epidemic had not yet reached a critical stage. Causes of the epidemic are still under investigation by the health authorities. Reportedly victims of this stage of the disease generally are 15 years of age or less. [Excerpts] [Jakarta HARIAN UMUM AB in Indonesian 24 Jun 82 pp 1, 3] 6804

GASTROENTERITIS IN CILACAP DISTRICT--The number of gastroenteritis cases in the Cilacap Regency (Central Java) is not believed to be as high as those which have erupted in the Banyumas Regency at this time. Soebarkat Tjitro Darmodjo, chief of the Cilacap Regency Health Service, said there is sufficient medication to cover requirements for the next 3 months if the number of cases does not mount rapidly. The medication status has been reported to the chief of the regional office of the Central Java Department of Health in Semarang. Moreover the regional office has stocked the required medication should it be needed. Medications stocked included tetracycline, oralit, lysol, and kaporit. When asked about gastroenteritis in the Cilacap Regency area, Dr Sodbarkat said the disease occurred because of the increasing scarcity of potable water sources during the dry season. It may be that people are using impure river water for their daily needs. Soebarkat said Cilacap Regency in 1982 recorded 722 cases of gastroenteritis with 21 deaths. He pointed out that the number of cases may increase before the dry season ends. During the first 5 months of 1982, he said, 18 of the 158 persons diagnosed as having gastroenteritis whose stools were examined in the laboratory were positively identified as having cholera. [Excerpts] [Jakarta MERDEKA in Indonesian 30 Jun 82 p 3] 6804

CSO: 5400/8426

BRIEFS

TYPHOID REPORT 'CORRECTION'--Dr. Kenneth Baugh, Minister of Health, has described the report in Wednesday's Gleaner on cases of typhoid in the Corporate Area in July as "incorrect". Dr. Baugh said six cases had come to the attention of the Ministry of Health, but these occurred and were investigated in April, May and June. No new cases had occurred in July, he said. Fewer cases of typhoid were reported in the Corporate Area in the first six months of this year, compared to the same period in 1981. "In fact, there has been a reduction in the number of typhoid cases reported annually over the last three years as compared to previous years," he said. There had been no upsurge in the number of cases reported in 1982. The Ministry continued to maintain vigilance in the investigation of reported cases to identify and control sources of infection. [Kingston THE DAILY GLEANER in English 23 Jul 82 p 2]

CSO: 5400/7574

BRIEFS

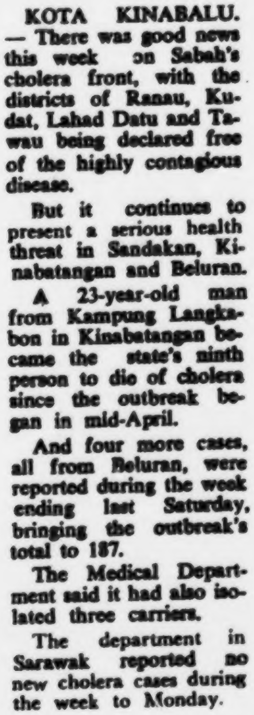
CERTIFIED RABID BEEF--Some 416 people in Thyolo District are being treated for rabies after eating certified rabid beef. Veterinary officials are appealing to those who were in contact with the animal or ate its meat to report to the hospital immediately for anti-rabies treatment. An official from the Veterinary Department said that people from around Grenae Dairy belonging to I Conforzi Tea and Tobacco Limited were advised to bury the carcass of a rabid cow which died at the farm recently. The people decided to defy the order and ate the meat. So far 416 people have come forward for treatment and officials think that there could be more people who ate the meat who have not yet come forward for treatment. Veterinary officials are also advising the public not to eat any animal whose cause of death has not been determined by their officials.--(Mana) [Text] [Blantyre MALAWI NEWS in English 24-30 Jul 82 p 1]

CSO: 5400/5709

CHOLERA EPIDEMIC ABATING IN SOME AREAS OF SABAH

Kuala Belait BORNEO BULLETIN in English 17 Jul 82 p 4

[Excerpt]



KOTA KINABALU. — There was good news this week on Sabah's cholera front, with the districts of Ranau, Kudat, Lahad Datu and Tawau being declared free of the highly contagious disease.

But it continues to present a serious health threat in Sandakan, Kinabatangan and Beluran.

A 23-year-old man from Kampung Langkabon in Kinabatangan became the state's ninth person to die of cholera since the outbreak began in mid-April.

And four more cases, all from Beluran, were reported during the week ending last Saturday, bringing the outbreak's total to 187.

The Medical Department said it had also isolated three carriers.

The department in Sarawak reported no new cholera cases during the week to Monday.

CSO: 5400/8428

DENGUE EPIDEMIC DECLARED IN KELANTAN

Kuala Lumpur NEW STRAITS TIMES in English 20 Jul 82 p 10

[Excerpt]

KOTA BARU, Mon. — Kelantan was today declared a dengue epidemic State following the outbreak of 21 cases including one haemorrhagic type in the State.

Health and Medical Department director, Dr Jones Varughese said today that the situation was still not under control.

Two victims had died in Kota Baru General Hospital, aged between 34 and 36, in June and early this month, he said.

He said that of the cases reported, 18 were in Kota Baru, while Tumpat, Pasir Mas and Bachok had one case each.

"The situation is still not under control, and the cases reported for the first six months of this year surpasses the 19 reported for the whole of last year," he said.

"The latest suspected victims were an eight-year-old boy from Padang Bogor in Jalan Pengkalan Chepa, a senior officer's wife, 42, in Kampung Sireh and a man, 24, from Jalan Kebun Sultan admitted to the hospital here yesterday," he added.

Dr Varughese said that Kota Baru was the worst affected, but it had not "raised an eye brow" among the residents here.

They were not aware where aedes mosquitoes — the virus carrier of dengue — often breeds, believing that aedes breeds only in drains, he said.

"Aedes breeds in places where clean but stagnant water is found, in and outside the houses, specially among ant traps, pot holders, bathtubs, jars, tins and old tyres," he added.

He added, that about 26 per cent of the aedes were found in antitraps in Kota Baru houses when his team launched a house to house inspection recently.

The campaign by the department in the Kota Baru old town area showed that private and government offices were found to be infected.

The campaign also showed that almost half of the 6,788 houses inspected in the old town areas were found to breed aedes, he said.

In the campaign, 16,195 people were given health talk and 6,282 pamphlets were issued. The department also carried out mass fogging in the area.

CSO: 5400/8428

ALLEGATIONS OF HEPATITIS EPIDEMIC SQUASHED

Windhoek THE WINDHOEK ADVERTISER in English 29 Jul 82 p 3

[Text]

THE SOUTH African Government has rejected claims made by Swapo concerning the alleged outbreak of a hepatitis epidemic in Namibia.

A letter to this effect was handed to the Director-General of the World Health Organisation this week by SA's permanent representative to the UN in Geneva, Consul-General Mr O van Oordt.

The correspondence follows an allegation by the President of Swapo, Mr Sam Nujoma, to the WHO, which drew to the attention of the health body "that a hepatitis epidemic has recently broken out in Namibia. As a result, a alarmingly high rate of deaths has been registered in the country, especially in nothern rural areas of Namibia.

"Reports reaching us say that in one district alone 2 527 people have been affected and 151 are said to have died. This district lies between the towns of Oshakati and Endola," Mr Nujoma's letter claims.

In his letter to the Director-General of the WHO, Mr Van Oordt said patients from Angola and other countries neighbouring Namibia had received, and continued to receive, treatment for a variety of diseases in hospitals and clinics in the Territory.

"In the specific case of hepatitis, between January 1 and July 15, 1982, a total of 82 suspected cases were reported in Owambo, of which 18 suspected cases were reported in the vicinity of Oshakati and Endola.

"In all confirmed cases, the patients have been, and are receiving, the standard prescribed treatment."

It was clear that SA had once again to deal with an attempt by Swapo to draw attention away from its real intentions — "Indeed, another transparent attempt to present itself as an organisation concerned with the welfare of the people of Namibia, when in fact it has a long and infamous record of violence and aggression against the civilian population of the Territory."

There was a practical test to which Swapo's allegations may be subjected — a local inspection by qualified medical personnel.

"The South African Government accordingly invites the WHO to nominate, without delay, a team of two or three qualified doctors, who are not concerned with politically motivated claims and counter-claims, to visit the hospitals and clinics of Namibia in order to assess matters for themselves and the WHO," Mr Van Oordt said.

The SA Government, the letter continues, "also trusts that the team will make every effort to visit hospitals and clinics in Angola for the purposes of comparison, as there is strong evidence that the origin of some of the diseases being treated in Namibia lay north of the Territory's border.

"The SA Government is for obvious reasons concerned about the detoriation of the medial situation in Angola, and deems it of importance that the WHO should not only take cognisance thereof, but shoult assist the people concerned, which will only be possible after a visit as suggested," Mr Van Oordt said. — Sapa

CSO: 5400/5708

BRIEFS

UNFIT CANNED FOOD--Over 300 items of tinned food found to be unfit for human consumption have been seized and destroyed by the Public Health Department (PHD) at Ogoja in the Cross River State. The food items which were estimated at the cost of 650 Naira were seized from local article sellers and super markets. The items include tomato sauce, corned beef, fruit juice, quaker oats, milk, tinned fish etc. Speaking to the press before the items were destroyed, the Senior Health Superintendent in charge of Ogoja, Mr. R. I. Owan warned that supermarkets and retail shops that continue to stock food items that are bad for human consumption, would be closed down and its licence revoked. He also said that traders who continue to stock such items after this warning will be taken to court, and advised them to desist from such practice. He appealed to them to always go through their stocks to check and remove from their shelves, all items that are bad, adding that "this will prevent the frequent visits to such stores by health superintendents." When asked to comment on how he knew that the items were in bad condition, Mr. Owan who was being assisted by two of his assistants, Mr. P. A. Bankong and M. Egozi said that the external defect and rust on the containers alone shows that the food in it is bad. He said that the operation will be intensified, so as to free the local government from unhealthy tinned food. Owners of the condemned items who were invited to watch the destruction of items collected from their stores refused to show up. [Text] [Kaduna NEW NIGERIAN in English 28 Jul 82 p 7]

CSO: 5400/5714

IMPROVEMENTS URGED IN COMMUNICABLE DISEASE REPORTING

Beijing JIANKANG BAO in Chinese 24 Jun 82 p 2

[Article by Huang Zemin [7806 3419 3046]: "Strengthen Reporting on Epidemic Situations To Improve Quality of Illness Prevention"]

[Text] When receiving diagnoses, medical treatment units at all levels should promptly and accurately report to the sanitation and anti-epidemic units concerned all patients having communicable diseases to help keep track of changes in epidemic situations and to enable effective prevention measures to be taken. This is a duty that treatment units at all levels must fulfill. Those concerned have recently realized that in many places in the country today failure to report communicable diseases is extremely serious. The non-reporting rate is more than 30 percent, and even as high as 90 percent.

The Jinhu County Hospital in Jiangsu Province has yet to institute a system for reporting and registering communicable diseases. Its non-reporting rate for acute communicable diseases stands at 57.5 percent. In terms of kind of illness, non-reporting of measles is 88 percent, of hepatitis 57 percent, of dysentery 71 percent, and of malaria 55 percent. An investigation conducted by the Liaoning Provincial Sanitation and Anti-epidemic Station covering 15,215 people at seven check points in three prefectures and municipalities discovered 398 cases of seven different communicable diseases, 43.7 percent of which medical treatment units had failed to diagnose, and 65.6 percent of which they had not reported.

An analysis of the investigation showed that failure to report communicable diseases is attributable to the following several reasons.

1. Numerous medical practitioners emphasize treatment but slight prevention. They have an inadequate understanding of the significance of communicable disease reporting, and they do not understand the nationally promulgated regulations on management of acute communicable diseases. Succeeding shifts of outpatient doctors do not pass on instances of communicable diseases. Many medical personnel lack sufficient familiarity with standards for reporting communicable diseases.

2. Leaders at some medical treatment units do not give enough attention to epidemic situation reporting; their system is not all it should be.

3. At the grassroots level, prevention capabilities are weak, and no one reports epidemic situations.

4. Propaganda is too little. A considerable number of medical personnel lack knowledge.

In order to further improve the quality of the country's sanitation and anti-epidemic work so that sanitation and anti-epidemic work will become modernized, regularized, and scientific, units concerned are called upon to diligently carry out each article of "Chinese People's Republic Regulations on Management of Acute Communicable Diseases." All levels of sanitation and anti-epidemic units are to strengthen technical guidance and supervision of epidemic situation reporting. In cities and the countryside, all levels of sanitation and medical treatment units are to establish and perfect epidemic reporting systems with specific people responsible for reporting, registering, verifying and doing statistical and analytical work on epidemic situations in order to reduce or halt failures to diagnose or failures to report communicable diseases and to assure the safety of the lives and health of the people.

9432
CSO: 5400/4004

PEOPLE'S REPUBLIC OF CHINA

EARLY DETECTION, TREATMENT OF LEPROSY DESCRIBED

Outpatient Treatment Center

Beijing JIANKANG BAO in Chinese 20 Jun 82 p 1

[Article by Huang Caigang [7896 2088 0474]: "Outpatient Treatment Established for Early Discovery of Lepers by Beiliu County Skin Disease Prophylaxis and Treatment Hospital"]

[Text] During the past 2 years the Beiliu County Skin Disease Prophylaxis and Treatment Hospital in Guangxi-Zhuang Autonomous Region has set up skin disease outpatient treatment and mobile outpatient treatment to find a new way in which to discover lepers, provide them early treatment, and bring leprosy under early control.

Beiliu County is an area in which the prevalency of leprosy is low. Formerly, because of a psychology of fear, lepers avoided surveys, and it was fairly difficult to discover and threat them promptly. In May 1980 the Beiliu County Skin Disease Prophylaxis and Treatment Hospital decided to establish stationary outpatient treatment and mobile outpatient treatment of skin diseases to make up for the inadequacy of surveys. They divided the hospital professional staff into 3 units, 1 of which was responsible for stationery diagnosis plus treatment of patients in the hospital, and 2 of which did mobile outpatient treatment in the 16 communes (or towns) throughout the county, using advertisements and radio broadcasts to provide wide publicity and to mobilize sufferers with skin diseases to come forward to have their disease examined. Some lepers who had formerly feared discrimination slipped through the crowd to obtain outpatient diagnosis and obtain medicine, and to receive treatment secretly. A comrade at the prophylaxis and treatment hospital said that the establishment of outpatient treatment of skin diseases was both convenient for the masses and helped in early detection and treatment of lepers; it was also a good way in which to save national expenditures and increase earnings.

Recognition of Workers

Beijing JIANKANG BAO in Chinese 20 Jun 82 p 2

[Article by Zhang Zhongtian [1728 1813 3944]: "Shandong Decorates Advanced Collectives and Individuals for the Prophylaxis and Treatment of Leprosy"]

[Text] Recently Shandong Province convened a conference on leprosy work at which 19 advanced cooperatives and 28 advanced workers in the prophylaxis and treatment of leprosy were decorated, while 302 specialists who have been engaged in leprosy prophylaxis work over more than 20 years were commended.

The outstanding characteristics of Shandong Province's advanced collectives and individuals in leprosy prophylaxis are as follows: Fervent love for leprosy prophylaxis endeavors and a spirit of selfless devotion. Ever since 1956, the Haiyang Center Skin Disease Prophylzxis and Treatment Unit in Yantai Prefecture has pursued comprehensive prevention and control measures including checking, receiving, treating, caring, and research. In Haiyang County, 18 investigations of clues and screenings of all the people were done. An accumulated 905 lepers were discovered, 89.5 percent of whom were cured. In its diligent treatment of lepers, the Pingdu County Skin Disease Prophylaxis and Treatment Station has used orthopedic surgery in 170 cases, and has cured 279 cases of leprosy ulcers, making it the first leper village in Shandong Province to be free of leprosy ulcers. Comrade Gao Shaozuo [7559 4801 0146], station chief and physician in charge at the Yiyuan County Skin Disease Prophylaxis and Treatment Station has spent 23 consecutive New Years since 1958 with patients in the leprosy prophylaxis and treatment station in order to make patients feel at ease about leper village treatment. The masses have praised him as a "fine doctor sent by the party." Comrade Jia Xunan [3946 6079 0589], deputy hospital director and chief physician at the Beitan Hospital in Zaozhuang Municipality, in disregard of social discrimination against leprosy prophylaxis work and despite the urgings of relatives and friends, left the Provincial People's Hospital in 1952 to go into the frontline of leprosy prophylaxis. During the past 30 years he has had yeoman accomplishments in investigating and treating leprosy and in the training of cadres. Though more than 60 years old, he continues as usual to give outpatient treatment and to make ward checks.

9432
CSO: 5400/4006

HEPATITIS VIRUS HYPOTYPE ASEXUALLY REPRODUCED

Beijing GUANGMING RIBAO in Chinese 14 Jun 82 p 1

[Article: "Type B Hepatitis Virus Gene Successfully Asexually Reproduced in China for First Time. Shanghai Institute of Biochemistry Now Striving for Early Type B Hepatitis Virus Surface Antigen and To Produce Type B Hepatitis Vaccine"]

[Text] Xinhuashe Shanghai 13 June Dispatch. Xinhuashe reporter, Lu Guoyuan [7120 0948 0337] has reported that the Shanghai Institute of Biochemistry of the Chinese Academy of Sciences has, for the first time anywhere in the world, successfully transferred an ADR hypotype gene genome of a Type B hepatitis virus, which is found mostly in Asia, into bacteria for asexual reproduction. This success holds major significance for penetrating research into the physiology of incidence of Type B hepatitis, and particularly for final use of genetic engineering methods to research a Type B hepatitis vaccine and control the spread of Type B hepatitis.

Type B hepatitis caused from infection with Type B hepatitis virus is currently one of the most communicable diseases in the world. Its incidence is highest in Asia and Africa. In recent years many scholars have felt that Type B hepatitis virus may be related to cirrhosis of the liver and to cancer of the liver.

At the present time the world has no particularly effective medicine for control of this communicable disease, which harms all mankind.

With the development of genetic engineering research, scientists have sought ways to separate and purify Type B hepatitis virus genes (biological genetic material) in the human body, and they have used genetic engineering techniques to plant them within bacteria, allowing the bacteria to reproduce them asexually. They have gone on to substitute Type B hepatitis virus surface antigens produced by the human body, using these surface antigens to research Type B hepatitis vaccine. Currently, the United States, the United Kingdom, France, and West Germany have succeeded one after another in the asexual reproduction within bacteria of two of the four hypotypes of Type B hepatitis virus (the one found principally in Western Europe and the Americas, ADW hypotype), and they have produced microscopic amounts of Type B hepatitis virus surface antigens. The world has not yet had any reports of success on the asexual reproduction of Type B hepatitis virus ADR hypotype genomes, which are peculiar to Africa.

At the end of 1980, the Shanghai Institute of Biochemistry began this research. The scientists considered that inasmuch as the principal Type B hepatitis virus hypotype in China is ADR, the research work would focus on realities in the country as the only way to have the fruits of research serve in improving the health level of people throughout the country. They started with the blood plasma, which carries Type B hepatitis virus, separating from it and purifying the ADR hypotype virus genomes. With the help of the Shanghai Municipal Sanitation and Anti-epidemic Station, after more than a year's efforts they succeeded finally in April this year, for the first time in the world, in the asexual reproduction in bacteria of ADR hypotype genomes of Type B hepatitis virus, and they once obtained 158 bacterial strains carrying ADR hypotype genomes of hepatitus virus. Such a high rate of success is very rare in similar types of experiments.

Success in the asexual reproduction of ADR hypotype hepatitis virus genomes lays a good foundation for China's future independent use of genetic engineering techniques for further research and development of Type B hepatitis virus surface antigens, and going on to the production of Type B hepatitis vaccines. In addition, it creates the necessary conditions for sequential analysis of deoxyribose and deoxynucleic acid in the study of China's major hypotypes of Type B hepatitis, their genetic composition, and their genetic expression, as well as the study of the diagnosis and prevention of Type B hepatitis and liver cancer.

This major scientific achievement was gained by some middle age and young scientists trained in China working under the guidance of older scientists. Currently the scientists are continuing efforts to obtain Type B hepatitis virus surface antigens at an early date, and to produce a Type B hepatitis vaccine to protect the health of the people.

9432
CSO: 5400/4004

HYBRID TUMOR TECHNIQUES USED TO DIAGNOSE TYPE B HEPATITIS

Shanghai WEN HUI BAO in Chinese 24 Jun 82 p 1

[Article: "New Technique For Diagnosing Type B Hepatitis. Zhabei District Center Hospital Successfully Establishes Hydridoma"]

[Text] Medical personnel at the Virus Immunity Laboratory in Center Hospital, Zhabei District have themselves refitted and made simple and crude China-produced testing instruments, have used China-produced reagents, and have applied hybrid tumor techniques for the first type to establish a hybridoma that produces Type B hepatitis antibodies, which have now continuously gone from one generation to another for 6 months. Yesterday experts concernted authenticated these results.

Hybrid tumor antibodies formed by Type B hepatitis antigens possess special significance for the diagnosis of this illness. Hybridization of lymph cells and tumor cells to produce Type B hepatitis antibodies was done abroad in 1980, and the antibodies were sold commercially at a very high price. In order to obtain the newest techniques for diagnosing Type B hepatitis, numerous units inside China conducted such research, but without success. At the Virus Immunity Laboratory in Center Hospital, Zhabei District, Guo Hengchang [7753 1854 2490] and his assistants considered the problems in terms of clinical diagnosis requirements and, with the support of units concerned, they began this research in 1980. The first difficulty facing them was the lack of instruments and equipment, which if imported from abroad would require substantial foreign exchange. This was something that could not be easily managed for the time being. So they decided to take action themselves by using whatever China-made equipment was available to begin research. Importation from aborad of a carbon dioxide drying cabinet for culturing cells would require more than 10,000 yuan, but they bought a glass drying container for only slightly more than 10 yuan, which they rigorously sterilized, refitted, and sent to the place at which it would be used.

The establishment of Type B hepatitis antibody hybridomas will bring about major changes in the diagnosis of Type B hepatitis in China, and the antibodies can also be used to prepare large quantities of standardized distinctive antibodies to replace the mixed antibodies formerly used, thereby improving the rate of accuracy of diagnosis of Type B hepatitis. The hospital has obtained satisfactory results in this use of these antibodies in testing more than 5,000 cases of suspected Type B hepatitis.

9432
CSO: 5400/4006

SPECIALIST ON END TO SMALLPOX VACCINATION

OW100144 Beijing XINHUA in English 1214 GMT 9 Aug 82

[Text] Beijing, 9 Aug (XINHUA)--Young parents should not worry about their children no longer receiving smallpox vaccinations, since the disease has been officially "dead" in China for the past 20 years, Zhao Kai, a Chinese specialist in vaccination research said in an XINHUA interview.

Zhao, deputy chief physician of the National Vaccine and Serum Institute, Beijing, added that it is almost impossible to find faces of people under the age of 20 pockmarked from the disease.

He said that the last case of smallpox in China was reported in March, 1960 in Menglian Autonomous County in Yunnan Province.

China's successful elimination of smallpox in one-fourth of the world population, has contributed to freeing the world from smallpox. The World Health Organization (WHO) declared the world free of the disease and urged on May 8, 1980 at its annual assembly that vaccinations be discontinued in every country. Since then China discontinued routine smallpox vaccination.

The last case of smallpox in the world was reported in Somalia on October 26, 1977. A special committee of the WHO observed and investigated for two years and found out that no additional cases of smallpox occurred.

China's achievement is due to a series of preventive measures against smallpox which have been taken by the government since the founding of new China in 1949, Zhao said. Smallpox was rampant in old China and tens of thousands of laboring people died of the disease every year.

At the early years of fifties, the government issued a rule governing vaccination against smallpox and made a decision on a general smallpox vaccination throughout the country. The rule stipulated that babies would be vaccinated within six months after birth and were revaccinated at the ages of six, twelve and eighteen. Reported smallpox cases dropped from 67,000 in 1950 to 466 in 1954. No case has occurred in large and medium cities since 1954.

Chinese Government also stressed research work of bovine vaccines, in order to improve the quality and to ensure supplying. [sentence as received] Frozen and dried vaccines were produced for remote areas and the southern part of China.

China also strengthened the hygienic and quarantine work of the ports.

Zhao Kai said that China has made contributions to smallpox vaccination. Dating back to 2000 years, people started to use smallpox scabs from those suffering from the disease to innoculate healthy children.

CSO: 5400/4010

INCREASE IN MALARIA CASES REPORTED

Hangzhou ZHEJIANG RIBAO in Chinese 21 Jun 82 p 1

[Article: "Vigilance Against Recurrence of Malaria. Sanitation and Antiepidemic Units Bolster Monitoring and Prevention"]

[Text] Following year after year decrease in the incidence of malaria in the province, the Zhejiang Provincial Sanitation and Antiepidemic Station yesterday asked that all jurisdictions be on guard against a recurrence of malaria and genuinely bolster their monitoring and prevention work.

During the past several years, the province has intensified measures to prevent malaria, and the incidence of the disease has decreased year after year. Last year it dropped another 33 percent over the year before. Statistics from national departments concerned showed that except for Shanghai Municipality, the incidence of malaria in Zhejiang Province is the lowest in any province or autonomous region south of the Yangtze River. In Zhejiang Province 26 counties have an incidence rate of less than 1 per 10,000, and only 1 county has an incidence rate of more than 10 per 10,000. All the other counties have an incidence rate between 1 and 10 per 10,000. In order to assure the health of the masses, the Sanitation and Antiepidemic Station has intensified its monitoring work. They have discovered that in Wenzhou, Shaoxing, Ningbo, and Jinhua, some of the sources of contagion have not been very well controlled. Chemical testing of the blood of 676 outpatients with fevers showed 21.3 percent to contain malarial parasites. This is an advance signal of the outbreak of malaria. Unless active measures are taken, there is danger of a partial outbreak. The Provincial Sanitation and Antiepidemic Station has intensified prevention measures on this account, and it has sent specialized personnel to all jurisdictions to intensify technical guidance. It has allocated preventive medicines to areas of high incidence, has actively treated existing malarial patients, has done a good job of providing preventive medicine, has eradicated mosquito breeding areas, and has sprayed jiuyaowu [6794 5522 3670] to kill mosquitoes.

9432
CSO: 5400/4004

VERRUCA OUTBREAK IN VARIOUS DEPARTMENTS REPORTED

Lima CARETAS in Spanish 5 Jul 82 pp 72-74

[Article by Xavier Ugarriza]

[Text] In 1885, a young medical student named Daniel Alcides Carrion--before dying from having innoculated himself with the verruca virus--said to a group of doctors standing around his bed taking notes: "Now it is up to you to go forward." Almost a century after Carrion's noble gesture, the strange malady, which kills through violent anemia, is coming back full force with hundreds of outbreaks in the Cordillera del Condor area--among the colorful Indian peasants of that locality--and, what is alarming, at the very gates of Lima, Huaral and Matucana, where many cases have already been reported. Curiously, until now, there has been no vaccine against verruca, and only one researcher, from the Institute of Tropical Medicine of San Marcos, is working tirelessly to discover such a vaccine and prevent the disease from returning.

"We must check the wart outbreak," Dr Luis Solano Mendoza from the laboratory of the Institute of Tropical Medicine of San Marcos exclaimed with alarm. And it was not without cause, for, according to the doctors of the San Ignacio health station (Cajamarca), there are more than a thousand cases of persons infected with that disease.

Tireless researcher on verruca for 15 years, Solano told CARETAS that the outbreak involves Indian peasants who came to that area, on the Ecuadorean border, from several of the country's cities. "They are people who lack defense against warts and, within a short time, become infected in that endemic area," he said.

"On the other hand," Solano says, "the settlers of San Ignacio and the primitive forest area, characteristic of the Cordillera del Condor, are immune to the disease; they are carriers of the Bartonella bacilliformis, a bacterium which is transmitted to man through the bite of an insect which lives on blood. "Those individuals suffer only a cold when attacked by the disease," Solano says.

However, the disease attacks someone who has just arrived in its most acute form: chills, fever, lack of appetite, headache, general malaise and extreme pallor which reflects severe anemia and is fatal most of the time.

Around the Corner

"However, the affliction is not limited to those homes," Solano asserts, "since it is at the gates of the capital." The researcher states that there are wart outbreaks in Matucana, Huinco, Huaral and Huallapampa. "Most of them," he says, "are not recorded by the Ministry of Health inasmuch as they are confused with cases of severe anemia, or else, the patients do not come to the hospitals.

"All this is happening because verruca has never been eradicated and could not have been," Dr Solano observes, "for, until now, there has been no vaccine to counteract it. However, the path leading to knowledge of this desease--typical in endemic areas of Peru, Ecuador and Colombia--was opened by the young Peruvian doctor, Alcides Carrion, who innoculated himself with Bartonella to describe the symptoms and characteristics of verruca, called 'Oroya fever' due to the great mortality it caused between 1870 and 1872 among the workers of the Central Railway.

"Carrion," Solano says, "demonstrated that the disease is a single one with two distinct phases. Within 21 days after the bite of an insect called 'Lutzomyia,' the typical symptoms begin to show up; the patient becomes increasingly weaker and his pallor is due to the loss of some 300,000 to 400,000 red cells per cubic millimeter per day.

"In this acute or hematic phase, the patient may finally have only 800,000 red cells per cubic millimeter (the normal average is 4.5 million) and infectious complications are common, resulting in the patient's death, if he is not treated in time. And, if he survives, he proceeds to the 'intercalated' phase: the microorganisms lodge in the tissues and it becomes a curious biological balance between the infected individual and the warty parasite. This phase lasts 3 or 4 weeks and, at this point, the patient recovers, with or without treatment.

"All this occurs prior to the so-called eruptive or warty phase which is so obvious, since warts appear on the skin, hands, legs and face; these are outbreaks of lesions of varied size and form, wine-red in color and bloody." According to Solano, thanks to the electron microscope, it was possible to verify that these warty eruptions are proof of the manifestations of the human immunological apparatus. "Therefore, we now know that, when these eruptions appear on the skin, the patient is on his way to recovery," Solano explains.

To be precise, in 1972, a project carried out by Dr Sixto Recabarren and Dr Hugo Lumbreras, involving five patients who had come to Cayetano Heredia Hospital, demonstrated with the aid of an electron microscope--taking samples of eruptive lesions--that this phase is, in fact, a sign that the patient is on the road to recovery.

In any case, Dr Solano is presently the only researcher on the entire planet who has 36 varieties of Bartonella bacilliformis in the trim laboratory of the Institute of Tropical Medicine of San Marcos University. Working with those, the zealous researcher will try to discover a vaccine to end this characteristic and peculiar illness of such places as Ancash, Cajamarca, Piura (Huarmaca, La Tiza, Yagaraja), Huallaga Valley, Mantaro, Yungay, Santa and Siguas.

"At present, the most active focus," Solano reiterates, "is the border with Ecuador and, naturally, the entire area of the Cordillera del Condor." To be precise, Solano is treating three patients who came from the San Ignacio area. He found one of them to have Bartonella. "And if this ratio of 3 to 1 were maintained, the situation would be very serious," he asserts.

"The treatment of the foregoing disease," Solano says, "is very simple when given in time. We have only to administer penicillin; and if there are complications, we use another antibiotic called amoxicillin." However, in the opinion of Solano, who honors the name, the most important objective is to develop a vaccine. Solano is selecting the most antigenic cultures to find out which one is apt to be the most suitable for that objective, innoculating them in experimental animals. No one has these valuable cultures and, more than anything else, to obtain the vaccine, the institute must have more funds to wage the final battle against the Peruvian wart.

8569
CSO: 5400/2192

KILLER DISEASES AGAIN TAKING TOLL IN SA

Johannesburg SUNDAY TIMES in English 25 Jul 82 p 8

[Article by Ada Stuijt]

[Text] Three major diseases are rife among South African blacks--typhoid, polio and cholera. And SA still has the world's highest incidence of pulmonary tuberculosis.

A breakdown of the year's disease toll so far shows:

--Polio--this month's death toll has risen to 25 infants and children with 251 admitted to rural hospitals around Tzaneen.

Most cases were in the northeastern Transvaal.

One black child from Swartkoppen near Krugersdorp was admitted with polio but had only recently arrived from Tzaneen with his father.

Unexpected

--Typhoid--at least five deaths at Weskoppies mental hospital near Pretoria have been registered in the past two weeks.

Some 5000 cases were identified in the Northern Transvaal, an endemic typhoid area.

--Cholera--from January to June cholera has claimed 4 498 laboratory-proven cases treated at northeastern Transvaal and Natal rural hospitals and clinics.

--Tuberculosis--between January to the end of June 18 452 tuberculosis cases were registered.

On cholera, Dr James Gilliland, deputy director-general of the Ministry of Health in Pretoria said that there were "many more" actual cholera cases treated but which had not been bacteriologically proven.

On typhoid he said the Weskoppies outbreak had been "unusual and totally unexpected."

"The ten to fifteen patients usually admitted there daily come from the Northern Transvaal's rural areas where typhoid fever unfortunately is an endemic disease.

"We found twenty typhoid carriers at Weskoppies who showed no symptoms of the disease.

"All such carriers and the patients have been isolated and are under antibiotic treatment to prevent the disease from spreading," he said.

Asked why "Third World" diseases could inflict such damage in a well-developed country like South Africa he said: "We are still part of Africa and still developing our infrastructure, especially in those afflicted areas.

"In places such as Soweto with its water services, good sewage handling and health clinics, we are better in our health care than Third World countries.

"However, the problem is the rural areas.

"Our community health workers have a wealth of material with a stress on personal hygiene available to educate those people.

Complacent

"People are being made aware of how they can stay healthy with means at their disposal. For instance, a dash of Jik in drinking water kills cholera.

"People had become complacent about getting their children the polio vaccine.

"As far as pulmonary TB is concerned, we still are among the world's highest-affected countries according to the World Health Organisation.

"I never see headlines about the 18 452 TB cases registered in South Africa between January and June," Dr Gilliland said.

The World Health Organisation figures are obtained from the International Red Cross and missionary clinics treating such patients.

5400/5706

BRIEFS

EYE DISEASE RIFE--About 20 000 people in Northern Lebowa have the eye-disease trachoma. A further 150 000 people have an active inflammatory form of the disease, the highest occurrence of which is found in children of pre-school age. These findings by the Department of Microbiology at the University of Witwatersrand and the South African Institute for Medical Research were published in a recent edition of the South African Medical Journal. [Text] [Pretoria SOUTH AFRICAN DIGEST in English 9 Jul 82 p 7]

TYPHOID DEATH--One more person has died in the Kalafong Hospital as a result of typhoid, bringing the number of deaths by typhoid to six. They contracted the disease at Weskoppies Hospital. After laboratory tests, a few more carriers have been identified at the Weskoppies Hospital and are being treated in isolation. Dr James Gilliland, deputy Director-General of Health, said that 24 patients were recovering in the Weskoppies Hospital, adding that an entire ward was still being kept in isolation. He said that no new cases of the disease had been reported. No new polio cases had been reported either. [Text] [Johannesburg THE CITIZEN in English 3 Aug 82 p 12]

POLIO SLOWS DOWN--Three polio cases reported yesterday in the Gazankulu district brought to 261 the total number of children admitted to hospital with symptoms of the disease during the current outbreak. Dr James Gilliland, Deputy Director-general of Health said no more deaths had been reported and no more cases had been reported in South Africa. Twenty-eight children have died in the epidemic so far. The typhoid outbreak in Pretoria had "quietened down," Dr Gilliland said.--Sapa [Text] [Johannesburg THE CITIZEN in English 5 Aug 82 p 12]

CSO: 5400/5710

JACKAL-POISONING CAMPAIGN FOLLOWS FARMER'S DEATH FROM RABIES

Harare THE HERALD in English 26 Jul 82 p 3

[Article by Mike Overmeyer]

[Text] **MORE than 200 jackals were killed in an anti-rabies operation near Kadoma last week.**

The Problem Animal Control (PAC) research unit of the Department of Parks and Wildlife was called in to reduce the jackal population in the area after a farm manager died of rabies last month.

Mr Benjamin Driver, who was the general manager of Handley Cross farm near Chegutu for 26 years, died of rabies in an isolation ward of Harare's Wilkins Infectious Diseases Hospital.

He was bitten by a rabid dog and although he received treatment for the wound he did not have a course of anti-rabies injections.

Meanwhile, the Chegutu municipality has launched a rabies vaccination campaign by distributing more than 3 000 pamphlets appealing to residents to have their dogs vaccinated.

And farmers in the area between Chegutu and Kadoma called on the Department of Parks and Wildlife to reduce the jackal population — carriers of the dreaded disease.

A group of 12 rangers under Cde Austin Ndlovu and Cde Takawira Madawo has been combing the area since last month using sophisticated methods to kill the jackals.

In one method the men set traps with .38 special cyanide bullets which explode in the animal's mouth and kill it within 20 seconds. The bait is rotten meat.

The rangers operated in teams of four or five with one man keeping watch at the bush camp they set up on one of the farms in the area.

They bait and set up traps at dusk and recover the dead jackals at dawn.

On Friday they recovered seven dead jackals and the previous day 18. But about 20 others which ate poisoned meat bait could not be found.

So far the rangers have killed more than 200 jackals, seven civet cats and two rusty-spotted genets.

The traps of poisoned meat and cyanide capsules are placed under shrubs and grass to prevent other animals eating the lethal bait.

The rabies epidemic in the area must be controlled, said Cde Ndlovu. Farmers, he added, were worried after the death of Mr Driver.

After farmers sign an indemnity for the rangers to operate from their property, the jackal hunters set up camp and place warning signs in the "operational area".

During the day the rangers set out to track jackal spoor in preparation for setting traps at around 5.30 pm.

All the jackalls killed by the deadly traps are skinned, blood-tested and the meat burnt.

The men take anti-rabies injections before going into the field.

Cde Madawo demonstrated how the meat-poison trap worked.

The poison mostly used — telodrex — takes up to two hours to kill the jackal.

Another poison, strychnine, kills within 20 minutes.

Blood samples of the dead animals are taken from their hearts and sent to the Department of Veterinary Services.

So far the team has found two rabid jackals.

The team might be moving closer to Harare in their operation. The next area, Cde Ndlovu said, might be around Norton.

"We are not trying to exterminate the jackal but to reduce its population in certain areas because of the acute rabies danger they pose."

CSO: 5400/5706

BRIEFS

SHEEP SCAB OUTBREAK--Sheep scab has been diagnosed in the Warmbad district. Strict control measures will be enforced and all necessary inspections to determine the extent of this outbreak will be undertaken according to the Director of Veterinary Services in Windhoek. The attention of all stockowners is drawn to Government Notice AG 90/1982 whereunder the dipping of sheep and goats without a permit from a state veterinarian or stock inspector is an offence under the Animal Diseases and Parasite Act. This regulation is applicable in all districts of SWA. [Text] [Windhoek THE WINDHOEK ADVERTISER in English 29 Jul 82 p 1]

CSO: 5400/5708

HIGH COST OF FIGHTING TICKS REPORTED

Johannesburg THE CITIZEN in English 5 Aug 82 p 12

[Text]

THE infestation of parasites on livestock in South Africa — a problem which could be controlled — is costing the country millions of rands every year.

This was revealed at a press conference held at Kwanyanga — Cooper's Vetinerary Research Station near East London — yesterday.

According to Mr Gavin Stanford, entomologist at Kwanyanga, ticks alone could cost South Africa as much as R200-million annually.

Mr Don Gautier another research entomologist, said few actual figures for the effect of flies on the livestock industry were available. However, in the United States the estimated loss due to flies in 1965 was R700-million. "At today's prices this could easily top R1150-million annually," he said.

Parasites which affected livestock internally, like worms, cost South Africa between R80-million and R100-million annually, Mr Piet Hugo, Cooper's product manager, said.

He pointed out that most of these parasites, after attaching themselves to the host animal, caused a slow deterioration in the animal's health which often, but not always, lead to death.

However, even if the animal did not die, the production of a milk cow or the price fetched for a beef animal would be greatly reduced.

An experiment had shown, Mr Stanford said, that on tick-infested grazing an advantage of 48 kg per head over a twelve month period could be gained by keeping cattle tick-free.

"At a conservative price of R2 per kg, this could represent R96 per head per annum," he said.

The only way to control ticks is to dip the animals regularly. "To dip an animal 40 times annually would cost R3,60, assuming an average cost of .9 per dipping. Saving about R96 is surely a good return on investment," Mr Stanford said.

He added that the only way for farmers to keep up with the growing demand for meat, milk and leather goods was to ensure that dipping was done on a regular basis throughout the year.

Dipping could also reduce the adverse effect of flies on livestock.

Mr Hugo said internal parasites were the scourge of South African livestock. Farmers could often not see any signs of certain worms in the animal's droppings.

He pointed out, that it was not for nothing that one of these worms was called "the bankrupt worm." Farmers could go bankrupt once their herds had become infected.

CSO: 5400/5710

BRIEFS

ANTI-RABIES CAMPAIGN--THE Department of Veterinary and Tsetse Control in Luapula Province is to carry out a door-to-door campaign vaccinating dogs against rabies. Provincial veterinary officer Dr Mutha said the outbreak of the disease was alarming and urgent preventive measures were needed. Already one child who had been bitten by a rabid dog was lying critically ill in Mansa general hospital. Dr Mutha appealed to dog owners to rush them to the veterinary offices so that they can be vaccinated. Nine people have died from the disease in the province since last year. [Text] [Lusaka TIMES OF ZAMBIA in English 5 Aug 82 p 5]

CSO: 5400/5711

BRIEFS

RATS ATTACK WEST BANK CROPS--Jenin--Rats are invading agricultural crops in the Arraba plain, eating corn and barley. Farmers are currently suffering from low harvests, a dunum of land producing 100 kg, about one-fifth of the annual average. The rats are also eating summer crops, such as melons, watermelons and tobacco. The rats have raided because of lack of rain. Arraba farmers called on the agricultural department to see to the problem to save their crops. [Text] [Jerusalem AL-FAJR in English 11-17 Jun 82 p 6]

CSO: 5400/4736

SERIOUS WHEAT APHID PROBLEM DISCUSSED

Shijiazhuang HEBEI RIBAO in Chinese 22 May 82 p 1

[Article: "Province's Serious Wheat Aphid Problem Must Be Quickly Eradicated, Provincial Agriculture Bureau Comrade-in-charge Points Out in Statement Made to Reporter"]

[Text] Yesterday a Provincial Agriculture Department comrade-in-charge emphasized, in a statement to the reporter about eradication of the wheat aphid problem, that wheat aphids are serious in Hebei province and that emergency mobilization must be done to bring them under control quickly in order to assure a bumper summer harvest.

The Provincial Agriculture Department comrade-in-charge said that the wheat aphid outbreak came early in Hebei Province this year and with great ferocity. It is a year of serious outbreak now at its peak. A survey done on 10 May in Fucheng County shows a sudden increase to 721 aphids per 100 plants. A recent survey in Linzhuang County showed 8,000 to 10,000 aphids per 100 plants, and large numbers of oily plants [3111 2701] have appeared. The infestation is much more serious than during the same period in 1981 when the maximum number of aphids per plant was 1,100 for the province as a whole. A survey conducted on 7 and 8 May by the Provincial Plant Protection Institute in Wangdongzhuang, and Xiangzhuang production brigades in suburban Baoding showed a plant aphid rate of 93 and 95 percent respectively. Numbers of aphids per plant were 1,891 and 2,539 respectively 4.9 to 7.3 times more than the number during the serious outbreak of 1980.

Wheat aphids pose a great threat to wheat. Survey data show that during the milk ripe stage of wheat, when the number of aphids average 10 to 20 per spike, the per thousand grain weight drops by from 5.5 to 7.4 percent. When the number of aphids average 40 to 60 per spike, the per thousand grain weight drops by 12.6 percent. For Hebei Province this year, this means that if the wheat aphids can be brought under control, about 10 to 20 percent of output can be saved and it will be possible to harvest an additional more than 1 billion several hundred million jin. Consequently, all levels of leaders must attach a high degree of importance to this matter, organize forces, act posthaste, and undertake control.

Methods used for the eradication of wheat aphids will require adaptation of general methods to local situations. In places where there are fairly large numbers of ladybugs, a natural enemy of aphids, where the ladybug ratio is

1:150 these natural enemies can be protected and used for natural control of aphids and there is no need to use pesticides for control. Where the numbers of ladybugs relative to aphids are inadequate, the spraying of phosphate in wheatfields may be combined with use of a 40 parts per hundred dimethoate emulsion for control. Wheat harvest time will soon be here so use of pesticides of severe toxicity or high residual toxicity is prohibited so as not to pollute the wheat producing man-made damage. Late season wheat care should also be intensified at the same time to increase the wheat's own resistance and reduce pest damage.

9432
CSO: 4007/452

MEASURES TO CONTROL SERIOUS COTTON APHID OUTBREAKS OUTLINED

Shijiazhuang HEBEI RIBAO in Chinese 28 May 82 p 2

[Article: "Tremendous Outbreaks of cotton Aphids; Need for Strenuous Efforts in Elimination and Control. Provincial Agriculture Bureau Comrades in Charge Issue Statement to Newspaper Reporters on Current Elimination and Control of Cotton Aphids"]

[Text] On 26 May, Provincial Agriculture Bureau comrades in charge pointed out the following in a statement issued on the problem of elimination and control of cotton aphids [Aphis gossypii].

By now most cotton seedlings in the province have emerged from the ground and a general outbreak of cotton aphids has occurred. Monitoring reports for the period 10 to 19 May from plant protection stations everywhere report a general 20 to 30 percent and a maximum 100 percent plant aphid infection rate. One hundred plants showed aphids numbering more than 100, and many had between 4,000 and 5,000. Curling of leaves has begun to appear on large numbers of plants. A survey done on 19 May at the Zhengding Stock Variety Farm showed a 50 percent rate of leaf curling. Generally speaking, when the plant aphid rate reaches 30 to 40 percent, when aphids number 1,000 per 100 plants, when the number of plants having curled leaves stands at 20 to 30 percent, and when the proportion of ladybugs is less than 1:150, prevention and control should be done at once, otherwise a loss in yields may result.

Aphid pest growth and development in cotton seedlings extremely damages cotton output. Studies show that when aphid pests occur in cotton seedlings during the period between the seed leaf and the first true leaf stage, the squaring stage will be delayed by from 5 to 10 days. When aphids strike cotton seedlings between the seed leaf and third true leaf stage, squaring will be delayed for 11 to 15 days. Surveys done at Shijiazhuang, Handan, Jingtai, and Baoding prefectures show that unless cotton seedling aphids and hot weather aphids are controlled, cotton output will drop by 60 percent or no crop at all will be harvested. If not properly controlled, a 10 to 30 percent drop in output will result.

Control of cotton aphids during the seedling stage requires comprehensive control measures. From the time that thinning of seedlings begins in cotton fields, control of aphids should be done at the same time. When thinning seedlings, attention should go to thinning of cotton seedlings bearing aphids, and uprooted aphid-infested cotton seedlings should be taken out of the fields and buried or composted.

Chemical control should emphasize stem applications of omethoate and methamidophos. Use of this method is highly effective, economical, convenient, and is not limited by lack of pesticide equipment. Peasant households can use it. Chemical control must be done in the control period, neither too early nor too late. In places where the proportion of ladybugs is greater than 1:150, attention should go to protecting and using natural enemies to effect control.

Control of aphids requires use of the plant protection organization. Particularly necessary is bringing into play the superiority of production brigades and production teams in providing centralized control. No matter the forms of production responsibility systems practiced, elimination of insects requires centralized survey of the insect situation, centralized purchases of pesticides, centralized management of pesticides, centralized preparation of insecticides, and centralized organization of control in order to reduce the incidence of accidental poisoning, improve control results, and solve problems of myriad households not having sufficient pest control equipment and inability to control the insects. Leaders at all levels and plant protection units must organize the their mainstay cadre forces to go into communes and brigades to provide technical guidance and technical education. They must do a really good job of publicizing safe use of pesticides to prevent accidental poisonings.

9432
CSO: 4007/451

BRIEFS

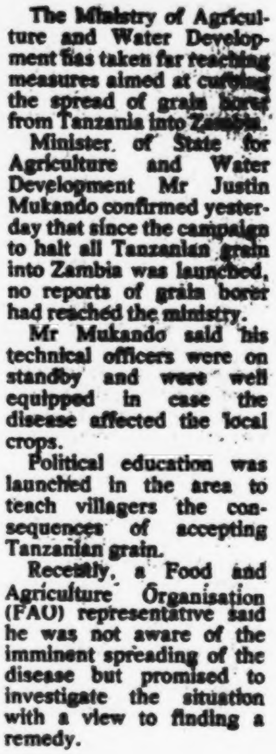
JIANGSU BACTERIAL INSECTICIDES--Nanjing, 17 Jul (XINHUA)--A method of vegetable pest control by bacteria is being applied to 1,130 hectares of vegetables, about one-fourth of the vegetable gardens in the suburbs of Nanjing, according to the city's vegetable research department. The bacterial insecticides used in Nanjing belong to the bacillus thuringiensis family and have evidenced little pollution or side effects thus far. They are more effective in killing such farm pests as cabbage worms and moths than other pesticides. One kilogram of the bacterial insecticide, which can be used on 0.5 to 0.6 hectares, costs only 2 to 3 yuan. The expenditure of bacterial insecticides per hectare is 50 percent less than the farm chemicals. With the bacterial insecticides, the vegetables appear to grow better than those applied with farm chemicals, and do well on the market. The study and experiments on the bacterial insecticides began in 1977. [Text] [OW181818 Beijing XINHUA in English 1219 GMT 17 Jul 82 OW]

CSO: 5400/4009

ANTI-GRAIN BORER MEASURES

Lusaka TIMES OF ZAMBIA in English 3 Aug 82 p 2

[Text]



The Ministry of Agriculture and Water Development has taken far reaching measures aimed at cutting the spread of grain borer from Tanzania into Zambia.

Minister of State for Agriculture and Water Development Mr Justin Mukando confirmed yesterday that since the campaign to halt all Tanzanian grain into Zambia was launched, no reports of grain borer had reached the ministry.

Mr Mukando said his technical officers were on standby and were well equipped in case the disease affected the local crops.

Political education was launched in the area to teach villagers the consequences of accepting Tanzanian grain.

Recently, a Food and Agriculture Organisation (FAO) representative said he was not aware of the imminent spreading of the disease but promised to investigate the situation with a view to finding a remedy.

CSO: 5400/5711

END

JPRS 81712

7 September 1982

Worldwide Report

EPIDEMIOLOGY

No. 293

FBIS FOREIGN BROADCAST INFORMATION SERVICE

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7 September 1982

WORLDWIDE REPORT

EPIDEMIOLOGY

No. 293

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BRIEFS

UIGE FATAL DISEASES--The fifth session of the Uige provincial People's Assembly reviewed the activities of the provincial government and discovered a case of fraud in the domestic trade delegation amounting to about 200 million kwanzas. The health sector was also reviewed by the deputies, who were apprised that there were 165 deaths during the first quarter of this year because of the proliferation of trypanosomiasis, malaria, onchocerciasis, chickenpox, tuberculosis, acute diarrhea, whooping cough, anemia and leprosy. [Excerpt] [Luanda JORNAL DE ANGOLA in Portuguese 5 Aug 82 p 1]

CSO: 5400/5749

NEW INFLUENZA VIRUS ATTACKING IN SYDNEY, MELBOURNE

Longer-Lasting Strain

Canberra THE AUSTRALIAN in English 8 Jul 82 p 3

[Article by Sue Cook]

[Text] **PEOPLE** in Sydney are fighting a particularly vicious strain of influenza which "changed its overcoat" on the way from Europe to Australia.

Usually Australians can expect to be hit by the same flu virus as the Europeans experienced during their winter, but this year the virus outsmarted health experts.

The chairman of the NSW Health Commission, Dr Roderick McEwin, said yesterday that although numerically there had not been a great outbreak of influenza, it was a longer and more pronounced illness than usual.

"Why weren't we warned", 'flu sufferers may well wail while sniffling into their handkerchiefs and reaching for another swig of cough mixture.

Health authorities do not normally suggest people under 65 years should receive influenza vaccination unless they have a chronic debilitating disease, particularly of the heart, lungs, kidneys or joints.

Dr McEwin said that when the European flu was very virulent and affecting more people than usual, health authorities recommended vaccination.

"Influenza is a very interesting disease because we can usually predict what will happen in the Australian winter because we see what happens in the European winter first," he said.

"That is why flus are named Hong Kong flu or Swedish flu.

"But the flu virus changes its overcoat, its encapsulating case, and undergoes an antigenic mutation so in effect it is a new virus.

"If you had the flu last year you should have immunity for five years normally, but if the flu virus had gone through this antigenic mutation change on its way from Europe, the immunity is of no use."

A normal adult would usually recover from a bout of flu within three to four days but this winter Sydney people were taking a fortnight to fight off the virus.

Outbreak in Melbourne

Melbourne THE AGE in English 9 Jul 82 p 1

[Excerpt] Melbourne people are suffering from the worst outbreak of influenza for three or four years and the virus seems to be producing a longer and more pronounced illness than usual.

During the past six weeks, 30 people have been admitted to Fairfield Hospital with flu and schools have reported up to a third of their pupils away ill during the past couple of weeks.

The head of the virology department at Fairfield, Professor Ian Gust, said the admissions at his hospital represented only the tip of the iceberg, mainly people who had developed complications.

"There's a fair amount of illness around and it probably hasn't peaked yet," he said. "The number of cases has built up in the last fortnight, but it's not a major epidemic or anything like that. It's almost certainly the same virus that Sydney is experiencing.

"This is an influenza B virus which in general tends to produce less severe symptoms than the influenza A type. It is also less common and we haven't had a bout of it for five or six years."

Professor Gust said that it was very difficult to get a precise reading of just how widespread the problem with this year's flu was because hospital admissions accounted only for people who had a severe bout of it or needed treatment for side effects.

"I'm told by some of my colleagues that they are seeing a fair amount of pneumonia at several hospitals among elderly people, but whether this is because these people first had flu I just don't know."

CSO: 5400/7575

AUSTRALIA

BRIEFS

NEW HEALTH BODY CHANGE--SYDNEY--The NSW Cabinet has approved plans to abolish the NSW Health Commission and replace it with a health department with about 1100 fewer positions. About 300 positions will be abolished through natural wastage with an annual saving of $5.3 million, and a further 830 officers will be transferred to other departments. The NSW Health Minister, Mr Brereton, said yesterday that he intended to develop community services using savings from the cutbacks in administration. Over the past three years the administration staff had grown by about 100 and the community health workers had fallen by about 200. The staff reductions and transfers come after a task-force review of the commission's structure earlier this year. Mr Brereton said that of the 300 positions to be lost through natural wastage, 200 would be from the central office and just over 100 in the regions. [Perth THE WEST AUSTRALIAN in English 15 Jul 82 p 20]

CSO: 5400/7577

BRIEFS

IMMUNIZATION PROGRAM--THE MINISTRY of Health has projected that with the present rate of coverage about 60 per cent of all children under one year will be fully immunized by December this year. According to the Ministry, 12.6 per cent of all children have completed the full course of injections. And during the same period 1,279 children under one year received their first injections, while 959 received their second injections. Therefore, with the present rate of coverate, the Ministry predicts that 60 per cent of all children under one year old will be fully immunized by the end of the year. The Ministry's annoucements came in the wake of an inaccurate report in the Nassau Guardian recently, which said that 12.6 per cent of the estimated 5,750 live births had been immunized in the first quarter of the year. According to the Ministry 12.6 per cent represents the children who have completed the full course of injections. According to the Ministry, this major expanded programme on Immunization is a major effort to ensure that all children under one year receive three doses of DPT and polio vaccines at ages 3, 5 and 7 months and one dose of measles vaccine at age 12 months by the year 1990. In addition the immunization programme attempts to ensure that all pregnant women receive three doses of tetanus vaccine before the birth of their child. This is to protect the newborn infant from "Lock Jaw." [Excerpt] [Nassau THE TRIBUNE in English 23 Jul 82 p 1]

CSO: 5400/7576

PROBLEMS OF TUBERCULOSIS ERADICATION CENTERS TOLD

Dacca THE NEW NATION in English 31 Jul 82 p 5

[Editorial]

[Text]

BOMBAY, July 31.

EVEN though the centenary year of the discovery of the tubercle bascillus is being celebrated this year, hardly one-tenth of the tuberculosis patients in India are receiving proper treatment.

While in western countries the ravages from tuberculosis have come down to five per 100,000 population per year, in India it is still around 80 per 100,000 population.

According to Dr. M. D. Deshmukh, former director of the Anti-TB Association, TB is the No. 1 contributor to the value of man-days lost each year. "If we calculate the time lost because of illness at the rate of 100 days per patient, the total loss of work-days is of the value of Rs. 100 crores.

We are losing Rs. 1,000 per patient by way of loss of work, expenditure for drugs and the like," he, said. "There is then the total monetary loss to our nation, which comes to Rs. 1,000 crores per year."

RECOVERY RATE

Some years ago an expert committee appointed by the Indian Council of Medical Research had found the existing national tuberculosis programme (NTP) faculty in a number of ways. For one thing, case detection was poor—only about one third of the total estimated cases of tuberculosis appeared on the register. For another, treatment and the recovery rate were poor. Sixty to 70 per cent of the patients were not completing the full course of treatment and only about 25 per cent were showing recovery by way of their sputum becoming negative. Also the BCG cover for children was poor.

Experts in the field feel the NTP has failed on two other counts also. It has failed to persuade the vast number of general medical practitioners to participate actively in the programme. They, along with institutions run by non-official agencies, treat about one third of the estimated TB patients.

The NTP, they feel, has also not given any attention to the family members of the TB patients for this group alone has twice the number of early fresh cases than the general population.

The correctives to be applied to the NTP, experts in Bombay feel are: (1) Diagnose more patients by a vigorous case-finding programme; (2) raise the rate of cure by adding the latest powerful drug Rifamycin to the drugs already used (This, many of them feel, will also cut down the prolonged duration of treatment to six months); (3) Give free facilities of diagnosis to the poor patients of the private medical practitioners and also supply free drugs for their treatment; (4) pay adequate attention to the symptoms among the family members of the TB patients and (5) increase BCG cover by pursuing a vigorous BCG campaign incorporated with a drive for giving other preventive vaccines.

HOSPITAL BEDS

As it is, the cost of treating a case of tuberculosis on a domiciliary basis for one year is less than ten per cent of the cost of maintaining a bed in a sanatorium for the same period. As a result there are only 44,000 hospital beds for over one crore TB patients,

Also, when tuberculosis was earlier believed to be common in younger people and in women, community surveys undertaken in different parts of the country show that the disease is more prevalent among elderly males,

CSO: 5400/7105

BRIEFS

DENGUE FEVER CASES--BARBADOS has recorded three more cases of dengue fever, bringing to five the number of new local cases of this mosquito-borne disease, Senior Health Officer, Dr Vaughn Wells, said yesterday. Fogging exercises, a process which involves the releasing of anti-insect fog bombs, are being carried out in the south of the island, where the mosquito has been discovered. Householders have been urged to keep their doors and windows open so the fog can get into their homes, and they have also been advised to get rid of all empty containers around their homes which are capable of holding stagnant water. [Bridgetown THE NATION in English 29 Jul 82 p 1]

CSO: 5400/7576

BRIEFS

YELLOW FEVER OUTBREAK--Senator Gabriel Hermes Filho has reported that five people were killed by yellow fever in Maranhao. [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 30 Jul 82 p 12 PY]

BUBONIC PLAGUE CASES--The superintendent of Sucan--Superintendent for Public Health Campaigns--has reported that Sucan was informed about 36 possible bubonic plague cases which occurred during the first half of 1982. While 29 of the reported cases happened in Ceara state, one person has been reported dead in Taracatu. [Rio de Janeiro O GLOBO in Portuguese 3 Aug 82 p 5 PY]

CSO: 5400/2200

COUNTRY'S SANITARY SITUATION DESCRIBED

Praia VOZ DI POVO in Portuguese 3 Jul 82 p 2

[Excerpts] In a speech during an extended meeting of his ministry held from 14 to 19 June in Praia Minister of Health and Social Affairs Dr Irineu Gomes presented a succint picture of the social-sanitary situation of the country.

In his report to the 47 participants, Dr Irineu Gomes spoke about malaria, leprosy, tuberculosis, diarrhea diseases, malnutrition and vaccinations, as well as about mental health and social questions.

Fight Against Malaria

The investments made in this sector have already given satisfactory results to the entire population. In 1978 we had 857 cases of malaria, 13 of which were fatal. The next year there were 240 cases with 6 deaths which were verified, and in 1981, 40 cases were detected, of which 29 were local without any deaths and 11 were imported, also without deaths. From the beginning of 1982 to date only one local case was detected due to plasmodium vivax, which indicates that it was a relapse.

The campaigns which were conducted only in Santiago, today are extended to Fogo, S. Vicente and Brava and possibly to other islands. Although there are no cases of yellow fever or dengue in Cape Verde, on three of our islands there are cases of this disease, especially on Fogo where many cases were reported. Therefore, a brigade of fighters against malaria was sent there to subdue the disease.

Leprosy

The number of cases of leprosy identified among the population reached significant proportions. In 1960, 356 cases were reported; this represents a proportion of 2.73 per 1,000, of which almost 80 percent are under control and treatment.

The disease is endemic on two of the nine islands of the archipelago, the island of Fogo having the highest rate. However, there is a National Leprosy Service (Casa Betanea) on this island.

Tuberculosis

It is very difficult to form an exact idea of the extent of the problem because of the lack of information on tuberculosis.

Taking into account this restriction, the number of new cases detected in 1980 is 516 with the very high rate of incidence of 1.74 per 1,000.

As yet there is no special service aimed at intensive and continuous treatment of this disease. It is imperative to take action to decrease the incidence of this disease. Measures are being taken to institutionalize the fight against tuberculosis on Cape Verde with support from the Calouste Gulbenkian Foundation.

Diarrhea Diseases

Because of deficiency in the supply of drinking water to the population and the enormous difficulties resulting from it in a country with poor communications, diarrhea diseases, especially among children, are given priority in public health.

It is important to note that mortality due to diarrhea diseases among under 1 year of age (infant mortality) represents 27 percent of deaths in this age group. All efforts aimed at solving the drinking water supply problem will result in a considerable decrease of mortality among children.

Vaccinations

The present pathology on Cape Verde responsible for 52 percent of all consultations is attributable to contagious and parasitic diseases. Therefore, a well conducted extended program of vaccinations should greatly reduce these diseases.

In spite of having a significant reduction of diseases because of vaccinations it is still necessary to obtain a better coverage with the reinforcement of cold chains, as well as regular supply of vaccines. These two factors are essential points of vaccination coverage.

The effects of the PMI/PF [Maternity-Infant Protection/Family Planning] are already apparent. The infant mortality rate diminished from 108.9 per 1,000 in 1975 to 60 in 1980. The data for 1981 is still to be gathered, but it is expected to show a considerable improvement. It is expected that in 1983 the PMI/PF coverage of the country will be about 80 percent of the population.

Although the infant mortality rate on Cape Verde is high as compared with developed countries, it is good, even excellent, as compared with the rates of several African, Asian and Latin American countries. The high rate of natural growth (30 percent in the third year) in a country with reduced resources, forces us to think about family planning.

11634
CSO: 5400/5695

CUBA

ANTI-MOSQUITO BACTERIA PREPARATION USED FOR FIRST TIME

Havana GRANMA WEEKLY REVIEW in English 18 Jul 82 p 12

[Article by Jose A. De La Osa]

[Text] Specialists have announced that an internationally known biological method for mosquito control, employing a bacteria preparation called Bacillus thuringiensis, israeliensis variety, was used for the first time in Havana as part of Cuba's public health program, with very promising results. The experiment was run in two permanent breeding areas where residual waters from Lenin Park empty into the Calabazar locality in Boyeros municipality. One of the breeding areas contained around 111 million Culex mosquito larvae.

All the larvae in both breeding areas were killed within 24 hours after the bacteria preparation was spread on the surface of the infested water.

Experts from the Biological Control Group of the National Institute of Hygiene, Epidemiology and Microbiology of the Ministry of Public Health, directed by Israel Garcia, confirmed that Bacillus thuringiensis israeliensis was very effective against Culex and Aedes aegypti mosquito larvae.

So far, tests have been run using these bacteria against the seven main species of mosquitoes in Cuba.

Grisel Montero, a specialist from the National Institute of Hygiene, Epidemiology and Microbiology who is directing the research, reported that, under both laboratory and natural conditions, the bacteria are effective when used in streams or reservoirs.

Doses of 0.4 grams of the bacteria preparation are required for every square meter of the breeding area, but they must be increased if there is a lot of aquatic vegetation or a strong current.

Soviet and other scientists have paid more attention to microbiological than to chemical methods of insect control, since the chemical ones present serious problems of resistance, environmental pollution and other noxious side effects.

The 3rd Meeting of the Scientific Workers' Gorup on the Biological Control of Insect Vectors of Disease, held in Geneva in 1980, determined that Bacillus thuringiensis was the best agent for the bioregulation of mosquitoes. These bacteria are very specific for mosquito larvae and harmless to other living beings and vegetation.

It is widely accepted that the most important bacteria for the biological control of insects form toxic protein crystals during the spore formation phase of reproduction which have a stomachic poisonous action in the larvae.

It should be pointed out that the definitive solution for controlling mosquito breeding areas here and in other parts of the country lies in environmental health measures, including engineering, sanitation and drainage projects.

CSO: 5400/2202

MOSQUITOES SUSPECTED AS VIRUS CARRIER

Bratislava PRACA in Slovak 15 Jul 82 p 4

[Article by Iva Maresova: "Mosquitoes and Inhabitants of Bratislava"]

[Text] A mosquito plague raged in Bratislava and along almost the entire section of the Danube in our territory last summer. Mosquitoes excessively multiplied and made life for people considerably unpleasant. This pest has left us in peace and there have not been too many mosquitoes this year so far. Nevertheless, we wanted to obtain information from the experts whether this was due to the conditions unfavorable for the mosquitoes or whether some radical measures were taken against them in Bratislava.

As we have learned, both of these assumptions proved to be true.

The disastrous occurrence of mosquitoes in the SSR capital is directly related to the fluctuating water level in the Danube and Morava rivers. For an explanation: when the water level in the Danube rises above 5.5 meters a favorable situation for hatching large numbers of mosquitoes develops. Although it soon drops again, there is enough water left in the depressions and big puddles to "bring to life" millions of eggs which the female mosquitoes had laid there. From them larvae develop which under favorable temperature conditions "mature" in one week or 10 days. Approximately 10,000 but even as many as 70,000 or even more mature mosquitoes fly out from one hatching place one square meter in size.

If we want to prevent that, the larvae in customary mosquito hatching places must be sprayed. This must be done, when the larvae are in their fourth developmental stage--after five or six days--which the experts can precisely determine on the basis of samples. Such spraying of hatching places with Actellic 50 EC is very effective.

Scientific worker at SAV [Slovak Academy of Sciences] Virological Institute RNDr Milan Labuda, CSc, has studied the "Bratislava" mosquitoes already for many years. He does so also from the standpoint of health protection; he namely examines, whether mosquitoes may be virus carriers. In order to do so, he must know precisely in what places of the greater Bratislava area mosquitoes are hatched most and these places must be marked on a map.

The survey has already been completed. The hatching places with an excessive number of mosquitoes along the Danube--they involve primarily Aedes Vexans and Aedes Sticticus species--are already marked on the detailed maps drawn on the 1:10,000 scale. In cooperation with the experts from the SAV Institute of Geography the maps are being completed which indicate not only the hatching places with an excessive number of mosquitoes, but also the population density of ticks. Within a combined pledge, these maps will be turned over to the appropriate authorities already this year.

Naturally, these important and urgently needed detailed maps are only a part of the struggle against these annoying insects.

The experts of Sanitary Service of the SSR capital continuously check and report the occurrence of larval stages of mosquitoes in mass hatching places in Bratislava--according to the method designed by the Reference Laboratory for Entomology at OHS [expansion unknown] Nitra, issue orders for operative disinfection measures and supervise these operations.

"The NVB [Bratislava National Committee] Council has approved appropriate measures in this respect", RNDr Marta Lamosova said, head of the disinfection and extermination department of the Sanitation Station of the SSR capital. In the first place, preventive measures are taken to exterminate the larvae in the seven selected aress of the Petrzalka section of the Danube and of the Bratislava section of the Morava river. The second stage consists of the extermination campaigns in the landscaped suburban areas as well as in downtown Bratislava. The disinfection measures are carried out on approximately 220,000 square meters. Specifically: due to the repeated rising and sinking of the water level in the Danube, a situation favorable for a mosquito calamity developed at the beginning of this summer. Due to the prompt spraying of the larvae, the calamity was averted.

Dr Lamosova and Dr Labuda who organized and methodically directed the spraying of hatching places in May (the spraying itself was carried out by the worker of Sanitary Service of Communal Services of the city of Bratislava) have this to say on the subject:

"It is like this: the spraying exterminates a large majority of mosquitoes' larvae which would otherwise develop into the mature mosquitoes and this would make our live rather unpleasant. The public, of course, does not know about these measures. People do not learn that if the larvae were not sprayed in a particular place at a particular time, there would be more than too many of mosquitoes. This would have been felt by the inhabitants of the Petrzalka sector of the city, but above all by the construction workers who are building the Petrzalka section of the combined freeway-railroad bridge in whose neighborhood we sprayed the large hatching places of mosquitoes".

We could not resist to ask Dr Labuda why he as worker of the SAV Institute of Virology is directly participating in the extermination of mosquitoes.

"This is directly related to our work. We justifiably suspect that the mosquitoes particularly of the Aedes Vexans strain which mostly occur along the Danube are carriers of the Tahyna virus. This virus, several families of which we have isolated from the mosquitoes during the last year's epidemic causes feverish, influenza like symptoms in the respiratory passages. Research continues in this direction. I would not like anyone to think, however, that every mosquito bite can transmit a disease (because there are also completely different types of mosquitoes in Bratislava such as Culex Molestus mosquito)...

"I would like to emphasize", says De Lamosova, "that despite our efforts nobody should think that all the mosquitoes can be exterminated by a single intervention. These insects have existed and will always be found in Bratislava, near the Danube and Morava rivers. The point at issue is the prevention of excessive multiplication of mosquitoes and an epidemic in the town to improve the living environment for the inhabitants. We recommend the population, however, to protect themselves against the mosquitoes. When they are outside or in the garden, they should use a relatively effective repellent which is available in drugstores in adequate quantities. Insecticides (Biolit L, Actellic spray and new very effective Biolit L 81) may be successfully used in closed areas. Dense window screens also have proved effective.

10501
CSO: 5400/3008

BRIEFS

DRUGS FROM HUNGARY--The Government of Hungary has given Ghana a large quantity of drugs for treatment of elephantiasis and the prevention of river blindness. The charge d'affaires at the Hungarian Embassy presented these drugs in Accra today to the Provisional National Defense Council deputy secretary for health. [Accra Domestic Service in English 1300 GMT 4 Aug 82 AB]

FIGHT AGAINST SCHISTOSOMIASIS--Members of the Tefle Women's Association, in conjunction with the local people's defence committee, have started picking weeds from the Volta Lake to eradicate bilharzia from the area. Bilharzia, a water-borne disease, has become rampant in areas around Sogakopa, Tefle and other towns and villages along the lake. The weeds form the breeding grounds for snails which carry the disease. Mama Dokua Azigle IV, queen mother of Tefle Traditional Area who organised the women to undertake the clearing of the weeds told the outgoing regional secretary, Dr Yao Fiagbe, that the Volta Lake, the only source of drinking water, has posed many health problems since the construction of the Akosombo Dam. She appealed to the government through the Volta River Authority to take immediate steps to get rid of the disease. [Text] [London WEST AFRICA in English No 3393, 16 Aug 82 p 2138]

CSO: 5400/5733

BRIEFS

HEMORRHAGIC DENGUE--Honduras' Caribbean area is being seriously affected by hemorrhagic dengue. According to the daily TIEMPO, 40 persons have died and approximately 160,000 more are in bed with the disease. [Tegucigalpa Cadena Audio Video in Spanish 1145 GMT 28 Jul 82 PA]

CSO. 5400/2200

EXPERTS CRITICIZE ANTI-TUBERCULOSIS CAMPAIGN

Bombay THE TIMES OF INDIA in English 1 Aug 82 p 5

[Text]

Reportedly voluntary and non-government tuberculosis eradication centres in the metropolis have been faced with a number of problems. A centre of NATAB which is situated at Faridabad has, for instance, stopped functioning due to joint pressure created by the DIT and a bank to vacate the plot on which the centre stands. DIT which is the owner of the plot has, according to the report, sold out the plot to a bank and hence the eviction notice both from the seller and the purchaser. Although both DIT and the bank have the locus standi for serving eviction notice, the question is where this voluntary organization giving humanitarian service will shift until a suitable alternative is found? It has, of course, a plot of its own at Bangabandhu Avenue. But to construct a suitable complex in these days of rising prices of building materials is not an easy solution for a voluntary organization which solely depends on outside aids. Being hard pressed by complex situations like these, NATAB has ultimately closed down its Faridabad centre.

Other voluntary and non-government organizations in the metropolis are also facing problems like lack of funds, medicines necessary equipment etc. What this means for the metropolis where patients from different parts of the country pour in for tuberculosis treatment is easily imaginable. The government tuberculosis hospitals at Mahakhali and Shamali simply fail to cope with the situation and to accommodate the patients whose number is always far more than the capacity of the hospitals. Most of the patients, as a consequence, go unattended and spread the germs further. While such is the plight of the metropolis, situation in other parts of the country needs no mention. Report goes that total number of tuberculosis patients in the country at present is 35 lacs. Of this three lakh patients are directly spreading the disease. Although this is the official figure available so far, the real number of cases may be more than the cases identified. The magnitude of the problem is undoubtedly appalling and needs serious consideration of the government. The voluntary and non-government organizations which are despite their best efforts failing to cope with the complexities of situation for lack of funds or for other reasons deserve government patronage, because this is a problem which basically concerns the government and the people of Bangladesh. If united efforts are made both by the government and the outside aidgiving agencies, we believe, it is possible to totally eradicate tuberculosis from the country. It is unfortunate that while the life cycles of disease organisms causing such disease as malaria, tuberculosis and cholera are known and their complete eradication depends solely on intensification of removal measures, these diseases are sometimes assuming epidemic form in our country, whether we concede facts or not. We may give cholera a changed name like gastroenteritis. Similarly we may hesitate to concede that malaria has come back in the country or that tuberculosis is still a fatal disease in our own context, but that will not control the fury of the diseases unless adequade measures are taken.

CSO: 5400/7104

GASTROENTERITIS, CHOLERA REPORTED IN DELHI

New Delhi PATRIOT in English 30 Jul 82 p 10

[Text]

Gastro-enteritis, according to the Safdarjung, Jai Prakash Narain and Infectious Diseases hospitals, have claimed three dozen patients during the last two months.

The first fortnight of July alone, it is said, saw deaths of a dozen patients who had been brought to J P Hospital with diarrhoeal infection. So far it had some 138 indoor patients suffering from serious diarrhoeal and dehydration conditions.

Gastro-enteritis, a water borne infection, is raging in the Capital, say the doctors of these hospitals. They are getting increasing number of diarrhoeal cases with every passing day.

This year, they admit the number of patients visiting the hospitals for out-patient departments or admissions is higher than the previous year.

Hundreds of diarrhoea patients are flocking to the hospitals and private medical practitioners everyday. Safdarjung Hospital in south Delhi, according to doctors, receives over 100 patients with advanced stages of gastro-enteritis each day, about 90 per cent of them are children.

Though, the doctors officially refused to divulge the number of deaths, they privately say at least six persons have lost their lives in Safdarjung Hospital so far.

Gastro-enteritis and other allied infectious diseases become active with the advancement of monsoons, but this time, some municipal officials agree, the situation has worsened on account of Delhi Municipal Corporation's "safai karamcharis" agitation in south Delhi.

The disease has become active recently is borne out, from the fact that more and more cases are being reported now.

In March, only two persons had died from the disease in J P Hospital, which is the main stay of the health care for vast but poor population of the walled city. But then the figure jumped to seven in May and nine in June. The number of patients are also increasing.

Kalavati Saran Children Hospital, which is attached to the Sucheta Kripalani Hospital, which has daily intake of 35 patients for admission every day, about 25 of them have severe diarrhoeal symptoms. The doctors there say the hospital hardly gets five patients a day with such symptoms during the off season.

Even the elite areas of New Delhi Municipal Corporation has got the infection. So far, it is said by the doctors, more than 100 cases of gastro-enteritis have been treated at the NDMC medical units.

The NDMC health authorities squarely lay the blame for the spread of the disease on the doors of the Delhi Municipal Corporation's Water Supply and Sewage Disposal Undertaking. They charge that the undertaking has been supplying 'semi-treated water' to the NDMC areas. Some 600 cases of water-borne disease have been reported from various NDMC colonies like Moti Bagh, R K Puram. Against this, the number of cases in 1980 was 500.

The Delhi Municipal Corporation area has five deaths on record till June last and 700 of gastro-enteritis cases. But, the officials there, claim the number is much less in comparison to the last year's figure which stood at over 2,000 at the end of the year.

CHOLERA

Cholera, which is supposed to be very acute form of gastro-enteritis, too is raising its ugly head now. Majority of the victims are children. The Kalavati Saran Hospital has received quite a few cholera cases this year. These were sent to the Infectious Diseases, Hospital. Most of the child-patients who come from low economic-strata of the city, said a paediatrician of the hospital.

With the increase of gastro-enteritis cases in the city, the chemists in Lajpat Nagar and Chandni Chowk reported virtually disappearance of the relevant drugs. Among the medicines, which are not available in the market, are 'Chlorostrep' and Enteroviform. The demand for 'saline water' which is, according to doctors, sheet-anchor in the cases of dehydration cases, has also gone up.

CSO: 5400/7103

BRIEFS

CHOLERA IN MANIPUR--Imphal, July 12 (UNI)--Thirty-five persons have died of cholera which has broken out in an epidemic form in Manedara and the surrounding villages of Amaledara, Suntolabari and Prasain Busty in Kangpokpi in north Manipur, 42 km from here, according to a statement issued by Mr Timsima, village chief of Manedara. The Manipur government has sent a team of doctors and medical relief to the area where an inoculation drive is also on, but this is reported to be inadequate. The village chief has urged the government to send a strong team of doctors with sufficient medicine for treatment of the patients immediately. [Text] [New Delhi PATRIOT in English 13 Jul 82 p 5]

CSO: 5400/7102

BRIEFS

ALERT AGAINST DIARRHEA--Banjarmasin, 14 Aug (ANTARA)--An alert against diarrhea and vomiting epidemic has been set out for the town of Banjarmasin and neighbouring areas, Banjarmasin Mayor Kamarduddin announced here Thursday. He called on the public to increase vigilance against the disease which is also popularly known in the country as "muntaber." He said of vital importance was keeping the environs clean and hygienic, particularly food and drinking water. He urged food sellers and traders in beverages to ensure cleanliness of their goods and avoid them being contaminated by cholera and other stomach viruses. [Excerpt] [BK151205 Jakarta ANTARA in English 0924 GMT 14 Aug 82 BK]

CSO: 5400/5740

INCREASE IN HEALTH PROJECTS NOTED

Baghdad BAGHDAD OBSERVER in Aug 6 Aug 82 p 2

[Text]

During the last few years, Iraq has witnessed large scale activity in the field of health projects. Hospitals and consultation clinics, manned by highly experienced personnel, and equipped with ultra-modern devices, are being constructed throughout the country.

Highly significant scientific studies and research projects, designed to evaluate the country's nutrition levels have just been concluded. Attempts to eliminate diseases caused by malnutrition are culminating with much success.

Iraq is considered a pioneer among Middle Eastern countries in the attention it has given to nutrition. As early as 1954 the Institute of Nutrition Research was established in Baghdad.

The recently interviewed Dr. Adil Arif Abdul Halim, director of the institute Baghdad Observer. "Although the institute was established in 1954. its effective research contribution only started two years ago" he said. "The institute's task is to conduct studies and undertake research work related to nutrition issues". "Studies are carried out by pharmacologists. and researchers of various relevant specialization".

The following departments fall within the institute's administrative structure: 1. Research and Studies Department.

2. Nutritional Health and Laboratories Department.

3. Hospital Nutrition Department.

4. Food Education Department.

5. Out-patient and Food Analysis Department.

The Research and Studies Department initiates studies related to individual nutritional and health problems. Current studies include those on weaning babies feeding practices, thyroid gland, food allergies and food-poisoning.

The institute comprises 14 technical laboratories to carry out a wide variety of chemical, micro-biological medical and biological tests. Intricate food and water analyses are conducted to assess the nutritional value of various food items before they can be manufactured and marketed. These laboratories are equipped with sophisticated electronic apparatuses.

Referring to the Hospital Nutrition Department, the director remarked that the institute is presently carrying out a significant field study on patients' nutrition. The number of training courses organised by the department over the last two years has exceeded 78.

The Out-patient and Food Analysis Department deals with diseases directly resulting from feeding practices such as obesity, underweight, diabetes, arterio-schlerosis, cardiac attacks, high and low blood pressure, allergy and so on. During this year alone the department received over 1896 cases of such maladies. In dealing with such patients, dietary rather than medicinal treatment is almost always sufficient. Only rarely are drugs necessary.

In cooperation with mother and child-care centres, the institute has opened a number of out-patient departments, to treat children suffering from malnutrition. Instructions are given on feeding techniques and on the nutritional values of food items to be given to infants.

The institute's external activities include co-operation with a number of international organisations, such as the Food and Agricultural Organisations (FAO), World Labour Organisation (WLO), UNESCO, UNICEF, World Health Organisation (WHO) and others. The institute has lately participated in five international food conferences.

CSO: 5400/4739

BRIEFS

POLIO EPIDEMIC OVER--Kingston, Jamaica, July 31, CANA--Jamaica has announced that its polio epidemic is over and restrictions against the public gatherings have been lifted. Said Health Minister Kenneth Baugh: "We are now confident at this time that the epidemic is over--the epidemic is contained and we can lift the restrictions." The crippling disease was first detected in the western parish of St James about two months ago. Since then two persons died and 57 other cases were positively identified. Jamaica immediately mounted an island-wide immunization campaign, which is now into its second phase. [Excerpt] [Bridgetown CANA in English 1822 GMT 31 Jul 82 FL]

CSO: 5400/2200

BRIEFS

RISK OF EPIDEMICS--Vienna August 4 TASS--The break-out of epidemics such as typhoid and cholera in west Beirut, besieged by Israeli aggressors, has become a real threat, according to a spokesman of the United Nations Relief and Works Agency for Palestinian Refugees in the Near East (UNRWA). He said that the risk of epidemics was due to the scarcity of clean drinking water and the lack of electricity to operate water-pumps. As is known, the Israeli invaders are maintaining their blockade on water and electric power supplies to the city. The risks of contracting typhoid fever were the greatest for children and the aged. According to the UNRWA spokesman who visited some areas of encircled west Beirut, all children there were suffering from gastrointestinal disturbances caused by the consumption of undrinkable water. [Text] [LD040948 Moscow TASS in English 0940 GMT 4 Aug 82]

CSO: 5400/2200

INCIDENCE OF DENGUE GREATER THAN IN 1981

Kuala Lumpur NEW STRAITS TIMES in English 31 Jul 82 p 7

[Text]

KUALA LUMPUR, Fri. — The Malaysian Medical Association (MMA) today called for greater publicity on the dangers of dengue haemorrhagic fever, especially over radio and television, through posters and in places where people gather.

Its president, Dr Lim Say Wan, said such measures to improve health education should be given the highest priority in efforts to prevent the current outbreak from worsening.

He said sufficient publicity must be given to prevention and treatment to raise public awareness and for stricter measures to be taken against those who encourage the breeding of aedes mosquito.

The Health Ministry was already doing a good job but active public participation in preventive measures was necessary to eradicate the menace, he addedd.

The MMA does not, at the moment, see the need to call a national alert inspite of the increase in dengue cases throughout the country.

More enforcement officers should however be recruited for more effective preventive measures, said Dr Lim.

He also suggested that more abate distribution centres be set up.

Besides houses construction sites, particularly in newly cleared areas, could also be mosquito breeding grounds.

There were 22 cases of dengue deaths for the first seven months of this year compared to 10 for the whole of last year. There were 340 dengue cases last year and the figure this year so far is 495, an increase of 44 per cent.

In Ipoh, 22 new dengue cases were reported over the last 24 hours in Perak. The worst hit was Kanthan Baru New Village north of Ipoh which had 15 cases within the period.

Perak acting Director of Medical and Health Services Dr Tan Ban Lee said of the other cases, four were in the Ipoh municipality area and one each in Gopeng, Sungei Siput and Pusing.

The Ipoh cases were from Kampung Bercham (two) and Jalan Sultan Yusuff and Pesiaran Istana (one each).

The new cases bring to 131 the number of dengue cases, including two deaths, in the State since January.

"The situation in Kanthan Baru is giving us great concern," Dr Tan said. "It warrants top priority in terms of the reduction of (aedes) breeding grounds.

"We feel the village is facing a lot of problems in systematic disposal of refuse. Most houses there are also keeping water containers, to store rain water for washing purposes."

He said although the village was supplied with piped water, some villagers continued to collect rain water.

The department has despatched 10 teams comprising 20 men to the village to check on every house and organise preventive measures.

In Kuching, two confirmed cases and eight suspected cases of dengue have been reported in the Sarawak this year.

The latest suspected case was a 15-year-old girl from Siburan at the 27km Kuching-Serian road. She was admitted to the Kuching General Hospital last Tuesday.

CSO: 5400/8330

WHOLE COUNTRY GAZETTED AS DENGUE-INFECTED

BK111515 Kuala Lumpur NEW STRAITS TIMES in English 10 Aug 82 pp 1-2

[Excerpts] Kuala Lumpur, Mon--Health Minister Tan Sri Chong Hon Nyan today signed a notification to gazette the whole country as dengue-infected.

The gazette will come into force on August 28. It will give the Health Ministry the clout to prosecute building owners who allow mosquitoes to breed in their compounds.

With this move, Tan Sri Chong said, medical officers would find it easier to enforce the destruction of Disease Bearing Insects Act 1975 to control the disease.

Medical officers would be empowered to order building owners or occupants to take measures to prevent the breeding of Aedes mosquitoes. The gazette would allow them to compound those who are guilty of creating conditions likely to propagate or harbour Aedes mosquitoes or of allowing such conditions to continue to arise.

Dengue cases are still on the rise throughout the country and enforcement authorities continue to take action against errant building owners.

Of the cases reported over the last 48 hours, the highest number was in Perak.

Eleven new cases were reported in that state--four in the Kinta District, two in Krian, two in the Ipoh Municipality and one each in the districts of Kuala Kangsar, Perak Tengah and Batang Padang.

A spokesman for the Ipoh Municipality said 260 people were fined between January 1 and July 31 for breeding Aedes mosquitoes in their compounds.

In Pahang, the latest cases are a 12-year-old girl in Kampung Baru, Kuantan, and a 40-year-old man in Bukit Dinding, Bentong.

These bring to 13 the total number of cases reported in that state since January.

Since Friday, there have been 10 dengue cases in Kelantan, bringing the total in the state to 73 this year.

Malacca Chief Minister Encik Abdul Rahim Thamby Chik today instructed all local authorities in the state to cooperate with the state health and medical services department.

Up to last night, the total number of dengue cases this year was 43. There have been two deaths in the state.

State Health Director Dr Naranjan Singh said his department would be making spot announcements over radio and distributing pamphlets to the public on dengue.

In Johor, the epidemic is under control, according to State Health and Medical Service Director Datuk Dr Tow Siang Yeow.

He said 78 cases and one death had been reported in the state since January.

The department has inspected 158,884 houses, warned 2,129 house owners for breeding Aedes, re-inspected 10,100 of the houses and compounded 738 house owners.

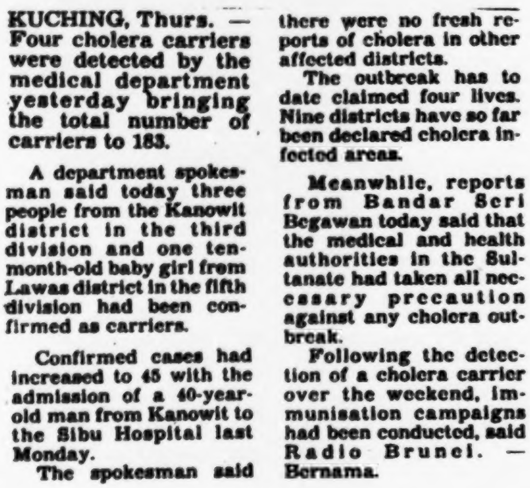
The number of cases in Klang remains at 17 plus the death of a five-year-old boy.

CSO: 5400/5727

NINE SARAWAK DISTRICTS LISTED AS CHOLERA INFECTED

Kuala Lumpur NEW STRAITS TIMES in English 30 Jul 82 p 5

[Text]



KUCHING, Thurs. — Four cholera carriers were detected by the medical department yesterday bringing the total number of carriers to 183.

A department spokesman said today three people from the Kanowit district in the third division and one ten-month-old baby girl from Lawas district in the fifth division had been confirmed as carriers.

Confirmed cases had increased to 45 with the admission of a 40-year-old man from Kanowit to the Sibu Hospital last Monday.

The spokesman said there were no fresh reports of cholera in other affected districts.

The outbreak has to date claimed four lives. Nine districts have so far been declared cholera infected areas.

Meanwhile, reports from Bandar Seri Begawan today said that the medical and health authorities in the Sultanate had taken all neccessary precaution against any cholera outbreak.

Following the detection of a cholera carrier over the weekend, immunisation campaigns had been conducted, said Radio Brunei. — Bernama.

CSO: 5400/8430

MALAYSIA

BRIEFS

CHOLERA INFECTED AREA--Seremban District [Negri Semliban Province] has been declared a cholera infected area following the death of an 89-year-old man in the general hospital. The deputy state medical and health director advised residents to boil their drinking water and not to eat uncovered food and also to keep their compound clean. He advised the public to visit government clinics quickly if they suffered from stomach pain, diarrhea and vomitting. He assured the public that the situation is under control with the authorities having taken preventive measures since the first reported case in Jempul last week. [BK050803 Kuala Lumpur Domestic Service in English 1130 GMT 3 Aug 82]

MEASURES AGAINST DENGUE FEVER--The Kuantan Municipal Council is taking measures to check the incidence of dengue fever in the towns and residential areas. The council's chief administration officer said four cases have been reported in the area. He called on shopkeepers and petrol station operators to stock up anti-larvae medicine for sale to the public. The health unit of the council has inspected 7,800 households up to June this year. Eleven households were fined, while 30 others were given warning. [BK050803 Kuala Lumpur Domestic Service in English 1130 GMT 3 Aug 82]

DENGUE FEVER CASES--Kuala Lumpur. Thurs--Another 19 dengue cases have been reported all over the country thus bringing the total number of dengue fever (DF) and dengure haemorrhagic fever (DHF) cases this year to 905. The number of fatal cases still stand at 24 as no deaths were reported today. A comprehensive report on the situation has already been submitted to the cabinet, Health Minister Tan Sri Chong Hon Nyan said today. He said cabinet involvement was necessary because the war on dengue was a concerted effort involving not only his ministry but also the ministries of housing and local government and science, technology and environment. Tan Sri Chong said, that dengue cases were concentrated in urban areas--up to 80 percent of the cases reported. [Excerpt] [Kuala Lumpur NEW STRAITS TIMES in English 13 Aug 82 pp 1, 3 BK]

SARAWAK CHOLERA FREE--Four districts in Sarawak's sixth division have been declared cholera free as from today. They are (Oyadalat), Sarikei, Julau and Binatang. No further cases of cholera were reported in the last few days. The number of confirmed cases are still at 49 with four deaths since the outbreak of the disease early this year. The medical and health services department had also detected 189 carriers. The other five effected districts are Sibu and (Kanaweh) in the third division, Limbang and (Lawak) in the fifth division and (Masu Endaru) in the sixth division. [Text] [Kuala Lumpur Domestic Service in English 1330 GMT 14 Aug 82 BK]

KELANTAN DENGUE FEVER--The number of dengue cases in Kelantan continued to rise. The state director of health and medical services said today that of the 89 cases confirmed so far, 72 cases were from Kota Baharu, 7 from Pasir Mas, 3 from Tumpat, 2 each from Pasir Putih and Tanah Merah and 1 each from Backok and Bachang. [figures as heard] Forty-five cases involved patients below 20 years of age and the rest were patients between the ages of 20 and 60. So far, the department has discovered 30,250 dengue breeding grounds in houses and 15,640 outside. (Kuala Lumpur Domestic Service in English 1330 GMT 15 Aug 82 BK]

SARAWAK DENGUE CASES--Two confirmed cases and eight suspected cases of dengue have been reported in Sarawak since January this year. A spokesman of the State Medical and Health Department in Kuching said the latest suspected case is a 15-year old girl from (Siburan) on the Kuching-Serian Road. She was admitted to the Sarawak general hospital on 27 July. [Text] [Kuala Lumpur Domestic Service in English 1130 GMT 30 Jul 82 BK]

PENANG, PERAK DENGUE CASES--More dengue cases have been reported on Penang Island and Perak. On Penang Island, 6 more cases of dengue fever have been reported, bringing the total to 136 since the beginning of this year. The state director of medical and health services, Dr (Fonseka), told a news conference that the situation was still serious. In Perak, 5 new suspected dengue cases have been reported over the past 24 hours. A spokesman of the medical and health department said this brings the total number of cases in the state to 155, a threefold increase compared to that for the whole of last year. He described the dengue situation in Perak as serious. [Text] [Kuala Lumpur Domestic Service in English 1130 GMT 4 Aug 82 BK]

CSO: 5400/2200

MOZAMBIQUE

BRIEFS

HEALTH CARE STATISTICS--A source from the Nampula provincial health directorate disclosed to the provincial Radio Mozambique station that at present there is one health unit for each population center of 10,590 inhabitants. Thus there are a total of 230 health units supported by 5 rural hospitals, one central hospital and another psychiatric unit. The province of Nampula, which numbers apporximately 2,500,000 people has 97 physicians, 235 nurses and 32 midwives. The same source added that there is one physician for each 66,000 people and the mortality rate is approximately 40 per 1,000 inhabitants. [Text] [Maputo NOTICIAS in Portuguese 3 Aug 82 p 3]

CSO: 5400/5749

OFFICIAL AFFIRMS RESOLVE TO WIPE OUT TUBERCULOSIS

Karachi DAWN in English 14 Aug 82 p 11

[Text]

LAHORE, Aug 13: The Government is determined to wipe out tuberculosis from the country. This was observed by the Adviser to the President on Health and Social Welfare, Prof. Dr. Basharat Jazbi, during a visit to the T.B. and Chest Clinic of Mayo Hospital here yesterday.

He said, the Government is seized with the problem and feels that case finding and treatment programme should form the basis of the national tuberculosis programme, which should be conducted free of all charges. Furthermore, the tuberculosis control activities should be developed as a part of an efficient system of primary health care, a network of microscopy laboratory established to cover the whole country, training facilities provided to technicians working at the laboratories and a direct B.C.G. vaccination programme to cover infants and children upto 15 years of age to ensure 70 to 90 per cent coverage of this population within a reasonable time.

The Presidential Adviser also said that district tuberculosis centres should also be established in all the districts and distribution of drugs should be made under strict supervision of staff working in Health Care system.

He said that according to the Planning Commission survey, tuberculosis is the fourth major cause of death in Pakistan, with a specific death rate of 85/1,00,000. Hence, 68,000 persons die of thisdisease annually. This high mortality rate is a great challenge to the nation, he added.

Dr. Jazbi was taken to the Laboratories and Patient Wards by Mr. A.R. Gardezi and Prof. Abdul Aziz, incharge T.B. and Chest Diseases Clinics. The Adviser asked for immediate requirements of the laboratories and the hospital and said that the President and the Governor, Punjab, are keenly interested in the T.B. Cure programme and stress is being laid to cover the rural population well. He promised to supply necessary equipment to the laboratories very soon.

Prof. Jazbi later met a delegation of young doctors who apprised him of their problem of residence. They were told that 120 new residences for young doctors on house jobs will be constructed very soon in the Mayo Hospital and every hospital building will be constructed in future with residential accommodation for the doctors. At the moment temporary arrangements are being made to accommodate young doctors in their respective wards of duty, he added. — PPI.

CSO: 5400/5728

DECREASE IN INCIDENCE OF PARASITIC, COMMUNICABLE DISEASES

OW220333 Beijing XINHUA in English 0249 GMT 22 Aug 82

[Text] Beijing, 22 Aug (XINHUA)--Average life expectancy in China rose to 69 years in 1981, one year more than in 1978, according to the Ministry of Public Health.

Achievements in medical science in the past few years include the discovery of an antimalarial drug--arteannuin--which has good effect in treating malignant malaria and cerebral malaria; the healing of infectious open fractures by a combination of traditional Chinese medicine and Western medicine, reducing the need of amputation and ensuring recovery of the function of the diseased limbs for the majority of patients.

Successful therapeutic effect has been produced in the treatment of acute non-lymphocytic leukemia with semi-synthetic Harringtonine.

Bioprosthetic cardiac valves have been produced for the treatment of heart disease and are already in clinical use.

Pharmaceutical departments have invented a new method of sterilization by injection that causes the loss of 95 percent of the sperm.

Sexual reproduction of the tuber of elevated gastrodia, an effective traditional medicine in treating coma, convulsions and ailments of the eyes and nervous system, has been achieved.

The principle of "prevention first" is the fundamental policy of China's health work. The incidence of several parasitic, endemic diseases and other communicable diseases has decreased. In the past three years in the case of schistosomiasis, a threat to China's peasants working in paddy fields, 2.84 million patients were treated, with 1.04 million cured. Comprehensive prevention and treatment measures include elimination of snails, control of night soil and purification of drinking water.

More than 2 million patients with endemic goiter have been cured by wider supply of iodized salt and by improvement of water.

The incidence of 16 acute communicable diseases including diphtheria, epidemic cerebrosphinal meningitis, pertussis and scarlet fever has dropped.

At the end of 1981, there were 190,000 health establishments throughout the country, 12 percent more than in 1978. There were 66,000 hospitals, 23 percent higher than in 1978, including 781 hospitals of traditional Chinese medicine. There were 2.017 million hospital beds (including 60,000 beds for traditional Chinese medicine), an increase by 8,7 percent compared with 1978.

China now has 1,244,000 doctors, with total graduation in the past three years of 213,000.

Rural health services are the consistent focal of the ministry's work, as 80 percent of the population lives in the rural areas. A program has been worked out by the ministry to improve medical equipment and to upgrade the medical level of the hospitals in China's 2,100 counties by the end of this century. Since 1980, 700 counties have been selected and three hundred counties have already completed the work.

Barefoot doctors are the main force in China's rural health services. The 1.396 million barefoot doctors have been trained and taken refresher and advanced courses in, [as received] and their pay has been raised by special appropriations from the government.

CSO: 5400/4011

TOP KILLER DISEASES LISTED

Cebu City VISAYAN HERALD in English 4 Aug 82 pp 3, 4

[Text] Manila (PNA)--Five respiratory illnesses are among the top 10 killer diseases in the country today, three health organizations reported today.

The Philippine College of Chest Physicians, the International Academy of Chest Physicians, and the Philippine Association of Thoracic and Cardiovascular surgeons made this report today in connection with the observance of lung month.

The three organizations report was supported by statistics made available by the lung center which said that 48 per cent of the total morbidity rates from 1975-1979 were traceable to lung ailments.

Aside from this, lung ailments also account for 52 per cent of the 110,051 deaths in 1980.

Lung center officer in charge, Dr. Priscilla Tablan said that since starting operations in February, the lung center has admitted 900 patients suffering from all kinds of lung ailments.

She also said that although tuberculosis patients are not accepted by the center, a dispensary which provides surgery is available.

The lung center treats less than a dozen kinds of lung ailments which include chronic obstructive pulmonary diseases (COPD).

Fallingunder the COPD are bronchitis, pulmonary emphsysema and asthma.

Other forms of lung diseases are pneumonia, upper respiratory tract infection, which include sore throat and common cold, tuberculosis, lung cancer, pulmonary embolism or the blood clotting in any part of the body which eventually affects the lung, intertestial lung diseases, characterized by the hardening of the lungs that limit expansion, neumoconiosis, otherwise known as occupational lung disease, (a disease common among industrial workers), respiratory distress syndrome, which was singled out by several lung center doctors as fatal and has a 50 per cent mortality rate.

The three organizations have lined up certain activities for lung month which include free clinics in three various areas and a mid-year convention.

The convention is scheduled August 20 at the lung center and carries the theme "chest diseases update '82."

CSO: 5400/5739

INCIDENCE OF VARIOUS DISEASES AMONG CHILDREN

Dakar LE SOLEIL in French 8 Jul 82 p 3

[Excerpt] Vaccinate all the children in the world between now and 1990 against the six main diseases (diphtheria, whooping cough, tetanus, measles, polio and tuberculosis) responsible for 5 million deaths per year and an equal number of children bearing traces like paralysis, blindness and various problems: this is one of the goals of the Enlarged Vaccination Program (PEV) started by the member states of WHO upon the organization's recommendation. The other goal is to develop vaccination services to fight against these diseases.

Before PEV started in our country in 1981, these diseases were important causes of infant mortaility, and too often caused life-long disabilities. Measles struck 40,000 children under 18 months every year; 2 percent of them died. Out of 1,500 cases of tetanus recorded annually, 40 percent of them in children under 5 years of age, one in four died. The 30,000 cases of whooping cough recorded yearly caused fewer deaths but left traces and nervous ailments. Four hundred cases of polio are diagnosed and treated every year, but many others are unknown. Osteoarticular tuberculosis is still common in young children and is even on the increase in heavily populated urban areas. Yellow fever--a danger permanently threatening the whole population--is most likely to strike children who have not yet formed a natural immunity.

Today these diseases can be prevented thanks to immunization. The 250,000 children born in Senegal every year will benefit from the PEV, which has been implemented on a national scale since May 1981. This goal, set for 1985, will be met by a progressive increase in vaccination coverage of 20 percent per year. By the end of this year, 100,000 children are to be vaccinated, or 40 percent of the target population, as opposed to 20 percent in 1981.

9855
CSO: 5400/5696

BRAZIL DONATES YELLOW FEVER VACCINES

Dakar LE SOLEIL in French 17-18 Jul 82 p 3

[Article by Khalifa Mbengue: "Brazil's Gift of 50,000 Doses of Yellow Fever Vaccine"]

[Text] Brazil's ambassador to Senegal, Renato Denys, gave Minister of Public Health Mamadou Diop an important consignment of medicine yesterday morning: 50,000 doses of yellow fever vaccine donated to the Senegalese government by Brazil's Oswaldo Cruz Institute, which specializes in the fight against yellow fever.

The ceremony took place in the presence of Captain Nelson Braganca of the Brazilian frigate "Uniao," docked Dakar since last Thursday; the captain was accompanied by several of the ship's officers and members of the minister's cabinet.

In addressing Mamadou Diop, the Brazilian ambassador said that this gift is a sign of his country's friendship for the Senegalese people and a modest contribution to the Senegalese government's fight against diseases.

In his answer, the minister of public health expressed his thanks, on behalf of the Senegalese people and chief of state, to the ambassador and government of Brazil and its navy; he then recalled the close ties uniting Brazil and Senegal, two countries which, he said, are situated opposite each other geographically, belong to the nonaligned movement, and share the same international political options.

In conclusion, Mamadou Diop said that this vaccine will be used judiciously in the framework of the enlarged vaccination program being implemented at the national level whose goal is to prevent, in children between 0 and 5, the six main diseases which threaten them often, including yellow fever transmitted by the "Aedes" mosquito. Children can be protected from it by being vaccinated with "17 D" vaccine before the age of one.

9855
CSO: 5400/5696

AZAPO COMPLETES POLIO FACT-FINDING MISSION

Johannesburg SOWETAN in English 10 Aug 82 p 3

[Text] **LACK of proper sewage disposal and little or no education make the polio-stricken area of Gazankulu fertile for the spread of infectious diseases, the Azanian People's Organisation (Azapo) fact-finding mission revealed yesterday.**

More than 270 people are reported to have died since the outbreak of the disease in the northern Transvaal.

The mission, led by Dr A D Asvat, health secretary of Azapo, found many cases had been brought to the hospital only after treatment by witchdoctors had brought no results, which meant present polio statistics were inaccurate.

A statement released by the organisation reported that:

- Almost all cases presently in hospitals did not have the prescribed vaccine dosage because of the non-availability of the vaccine at the time of visiting the clinic or ignorance due to lack of education;
- There was a real danger of the potency of the vaccine being diminished as a result of non-refrigeration on the way to or at the clinic;
- Ninety-eight percent of cases treated so far have come from villages where no clinic facilities exists;
- Many cases have been discharged from hospitals having achieved remarkably good results with excellent physiotherapy;
- It appears as if the main thrust of the epidemic is over, as fewer and fewer cases are being reported;
- Instructions have been given to the organisation's branches in the area to distribute pamphlets explaining to parents the dangers of the disease and how to obtain the vaccine. The pamphlets are in English, Pedi and Shangaan;
- The marjority of children in the area suffer from malnutrition and under-nutrition, which makes them extremely susceptible to all kinds of diseases, especially gastro-enteritis, TB and pneumonia;
- Lack of proper sewage disposal, polluted drinking water and housing makes the area susceptible to diseases.

CSO: 5400/5717

BRIEFS

POLIO EPIDEMIC--Two more cases of polio have been confirmed at the hospital at Pietersburg in the Transvaal Province of South Africa, bringing the total number of cases reported since the out-break of the disease in March to 285. A senior South African health official said the polio epidemic was definitely declining, but it would take some time before the immunization campaign took effect. He said the children who were recently admitted to the hospital were probably infected when they were immunized. [Text] [LD260234 Johannesburg International Service in English 1100 GMT 25 Aug 82]

CSO: 5400/5735

EIGHTY PER CENT OF CHILDREN MUST BE IMMUNIZED SAYS HYND

Mbabane THE TIMES OF SWAZILAND in English 5 Aug 82 p 3

[Article by Vusie Gamedze]

[Text] THE MINISTER of Health, Dr Samuel Hynd has said that to reduce diseases in Swaziland the health department is required to fully immunize 80 percent of the child population each year.

"But Swaziland like any other common country in Souther africa finds it impossible to meet that demand as it has less than 80 percent immunization," said the minister.

Dr Hynd was speaking at the Swaziland Institute of Management and Public Administration (SIMPA) during the official opening of a two week seminar on immunization.

He said the ministry of health in Swaziland has considered immunization as one of the major steps to prevent diseases. He also said that this step has not been taken by Swaziland only but also the whole world.

The minister pointed out that no country standing alone in Africa can contain or eradicate infectious diseases. This he said had been proved by the outbreak of cholera in South Africa. He felt a degree of international support was necessary to cope with these diseases.

Dr Hynd said for decades the words 'prevention is better than cure' have been said many times. He said nowhere in medicine does this statement hold as true as in immunization.

About the six major diseases, tubercolosis, diptheria, whooping coagh, tetanus, measles and polio that attack children can only be prevented by immunization. He said many children have died through these diseases including adults.

Even though the task seems enormous but the health department must remember that diptheria, polio,tetanus, among children are rare in the industrial world," said the minister.

He said tubercolosis and measles are controlled and they are becoming less frequent with the increasing of immunization.

The minister pointed out that in England, whooping cough received an increase in immunization because of an epidermic in which children died.

Children were left with residial disability from the disease and ultimately this led to the strong intervention after consideration of the arguments between for and against immunization. But at the end immunization won.

"The story of the eradiction of small pox should inspire the health unit as it was never thought that one of the major traditional illness of man can be defeated," explained the minister.

Dr Hynd said the wiping off, of small pox shows that other diseases can also be conquered at the end.

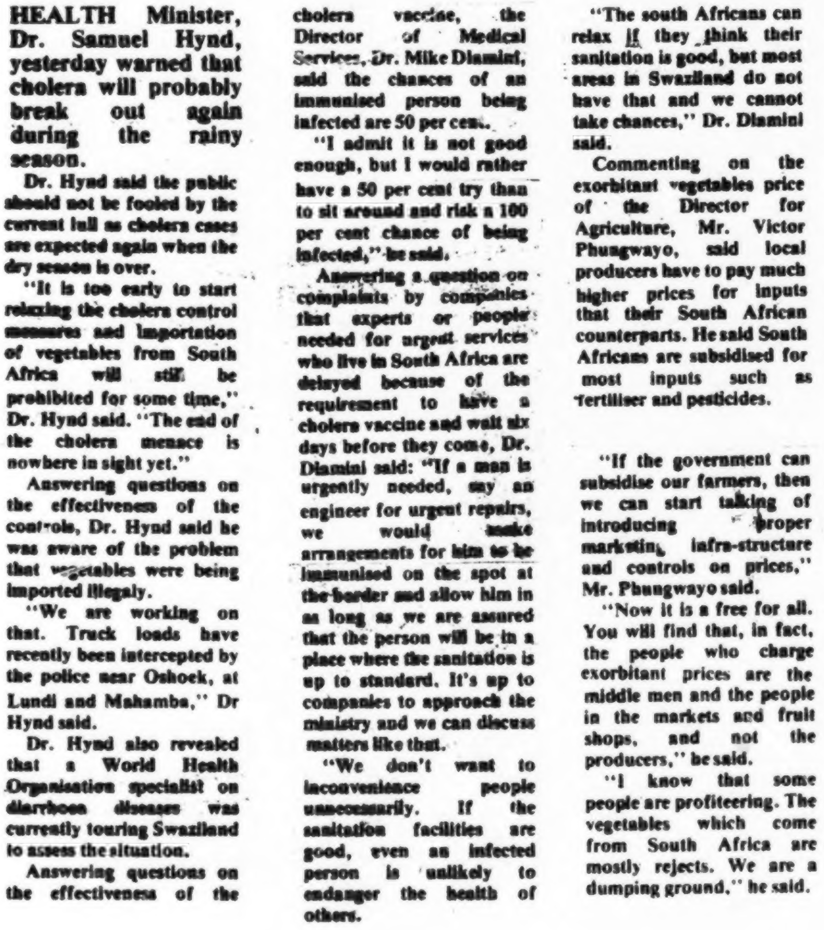
CSO: 5400/5718

CHOLERA RULES 'TO STAY' SAYS HEALTH MINISTER

Mbabane THE TIMES OF SWAZILAND in English 5 Aug 82 pp 1, 16

[Article by James Dlamini]

[Text]



HEALTH Minister, Dr. Samuel Hynd, yesterday warned that cholera will probably break out again during the rainy season.

Dr. Hynd said the public should not be fooled by the current lull as cholera cases are expected again when the dry season is over.

"It is too early to start relaxing the cholera control measures and importation of vegetables from South Africa will still be prohibited for some time," Dr. Hynd said. "The end of the cholera menace is nowhere in sight yet."

Answering questions on the effectiveness of the controls, Dr. Hynd said he was aware of the problem that vegetables were being imported illegaly.

"We are working on that. Truck loads have recently been intercepted by the police near Oshoek, at Lundi and Mahamba," Dr Hynd said.

Dr. Hynd also revealed that a World Health Organisation specialist on diarrhoea diseases was currently touring Swaziland to assess the situation.

Answering questions on the effectiveness of the cholera vaccine, the Director of Medical Services, Dr. Mike Dlamini, said the chances of an immunised person being infected are 50 per cent.

"I admit it is not good enough, but I would rather have a 50 per cent try than to sit around and risk a 100 per cent chance of being infected," he said.

Answering a question on complaints by companies that experts or people needed for urgent services who live in South Africa are delayed because of the requirement to have a cholera vaccine and wait six days before they come, Dr. Dlamini said: "If a man is urgently needed, say an engineer for urgent repairs, we would make arrangements for him to be immunised on the spot at the border and allow him in as long as we are assured that the person will be in a place where the sanitation is up to standard. It's up to companies to approach the ministry and we can discuss matters like that.

"We don't want to inconvenience people unnecessarily. If the sanitation facilities are good, even an infected person is unlikely to endanger the health of others.

"The south Africans can relax if they think their sanitation is good, but most areas in Swaziland do not have that and we cannot take chances," Dr. Dlamini said.

Commenting on the exorbitant vegetables price of the Director for Agriculture, Mr. Victor Phungwayo, said local producers have to pay much higher prices for inputs that their South African counterparts. He said South Africans are subsidised for most inputs such as fertiliser and pesticides.

"If the government can subsidise our farmers, then we can start talking of introducing proper marketing, infra-structure and controls on prices," Mr. Phungwayo said.

"Now it is a free for all. You will find that, in fact, the people who charge exorbitant prices are the middle men and the people in the markets and fruit shops, and not the producers," he said.

"I know that some people are profiteering. The vegetables which come from South Africa are mostly rejects. We are a dumping ground," he said.

CSO: 5400/5718

BRIEFS

ANTI-RABIES MEASURES--Eleven people in Temeke district were bitten by a rabid dog in Dar es Salaam yesterday afternoon. Speaking to the "Daily News," Dr A. Barnabas of Muhimbili Medical Centre confirmed that eleven people were referred to the centre from Temeke dispensary. They included four children, two men and five women. It was understood that the rabid dog was seen running around, barking and subsequently biting everyone in sight including some goats which were grazing near the Temeke playgrounds. Dr Barnabas said all the patients had minor wounds and they were not therefore admitted. But they were given first aid, anti-rabies cerum and anti-tetanus injections. [Text] [Dar es Salaam DAILY NEWS in English 16 Aug 82 p 3]

CSO: 5400/5736

BRIEFS

NEWCASTLE DISEASE--It is the most savage and devastating disease of poultry in Uganda. From time to time outbreaks of newcastle disease have caused considerable losses in all parts of the country, often wiping out whole flocks. Recently the disease swept through some parts of soroti and Kumi districts leaving behind hundreds of dead chicken. The smell of rotting birds could be felt everywhere. But the form which is commonly observed in Uganda is similar in its behaviour to the one which Doyle reported in Newcastle-upon-Tyne in 1926. The strain of the virus which causes this form of the disease is so virulent that it kills birds of all ages, and may cause 90 to 100 percent mortality. It appears that no attempt has been made to find out whether the other strains of the virus also exists in Uganda. This is probably due to lack of experienced researchers and facilities. Wild birds are also possible agents for the spread of newcastle disease. It is widely believed in rural areas that the white egrets that are often seen walking between grazing cattle play an important role in the spread of newcastle disease. There is enough circumstantial evidence to justify this contention. In Teso, for instance, outbreaks of newcastle disease tend to occur when white egrets appear in large numbers. There is also sufficient evidence that these birds act as healthy carriers of the virus of newcastle disease. [Excerpts] [Kampal UGANDA TIMES in English 2 Jul 82 p 5]

CSO: 5400/5713

BRIEFS

MORE RINDERPEST CASES--The department of veterinary services in Al Ain has discovered a number of rinderpest cases in the area. Six cows affected by the disease have been found in the city's cattle market, and six more cases in other parts of the region. The authorities have been busy taking necessary measures to check the spread of the disease. The city's cattle market has been closed, and the Al Ain municipal authorities have reported the matter to the general secretariat of UAE municipalities so that other regions in the country could be warned in time. The movement of cows in or out of the area has been prohibited, and the health authorities have launched a campaign to contain the disease. The agriculture and livestock department has started a vaccination campaign to make healthy cattle immune to the disease. A spokesman of Al Ain Municipality said that all possible efforts were being made to check the disease as early as possible. [Text] [Dubayy KHALEEJ TIMES in English 13 Aug 82 p 3

CSO: 5400/4740

OX-LIKE TRAP MAY STAMP OUT SLEEPING SICKNESS

Harare THE FINANCIAL GAZETTE in English 6 Aug 82 p 8

[Text] **A REVOLUTIONARY tsetse fly trap which could eradicate sleeping sickness — trypanosomiasis — in Africa is now being tested on an island in the middle of Lake Kariba.**

The trap, which is undergoing research at the Tropical Products Institute in London, would be cheaper and more ecologically sound than present methods.

The tsetse fly inhabits 15 million square kilometres of central Africa and countries affected include Zimbabwe, Tanzania, Botswana, Zambia, Kenya and Uganda. Methods of wiping out the insect have concentrated on spraying — killing the ground-based tsetse fly as it comes up to feed — or wiping out the host animal. Both methods have disadvantages.

Dr David Hall, a TPI chemist working on the new trap, explained: "The destruction of game animals is not popular and the use of insecticides is coming under increasing criticism on economic and ecological grounds.

EXPENSIVE

"With the trebling of wages in Zimbabwe spraying is becoming expensive and an affected area can only be sprayed at certain times of the year: in the rainy season the insecticide is washed away."

Tsetse flies rely primarily on vision and odour and the trap, pioneered by Dr Glyn Vale of the Department of Veterinary Services, Harare, Zimbabwe, catches the flies simply by looking and smelling like an ox. Once inside, the flies are killed or sterilised.

Dr Vale found that massive doses of carbon dioxide and acetone supplied part of this smell and made the large black visual traps far more enticing to tsetse flies, but it was still not as good as the real thing.

ATTRACTIVE

Work on identifying specific chemicals attractive to tsetse flies is being carried out by the TPI team of Dr Brenda Nesbitt, Mr Peter Beevor and Dr Hall. Methods used by the department in its work on insect pheromones (sex attractants) have been used in their present work. The flies smell through receptors in their antennae and, by measuring the electrical changes in the antennal response when exposed to a particular odour, the chemists are able to identify which chemical is most attractive to the insect.

"We've had some positive results already," Dr Hall said. "We've identified and synthesised one chemical and are getting good results from it. By this method there is a definite possibility of eradicating the tsetse fly, particularly as they breed at a low level.

"All the indications are that the system works. Whether it will revolutionise tsetse fly control is another matter, but it is an important element in their control."

The TPI team hopes to finish its research within a year.

CSO: 5400/5725

BRIEFS

LOCUST CONTROL--THE Agriculture Protection Board is monitoring the development of locust eggs as part of its strategy in locust control in the southern agricultural areas. The board's chief officer, Mr Neil Hogstrom, said that it hoped to forecast the extent and severity of locust infestation. Field staff would take samples from egg beds in different locations and soil types. A study of the locust embryos with data from the Plague Locust Commission in NSW would enable the prediction of the approximate date of hatching. This would allow farmers and the APB to spray bands of locust nymphs after hatching but before they start to move away from egg beds. The nymphs would be monitored for density and stage of development so that they could be sprayed when necessary. The APB staff would also look at the number of eggs carrying parasites. Fungal disease and egg parasites were thought to be a major reason for the natural fluctuation in locust numbers. Severe losses were likely when locusts hatched early in the season and damaged crops that were still green. [Perth THE WEST AUSTRALIAN in English 29 Jun 82 p 35]

LOCUST CONTROL FUNDING--THE WA Government will provide up to $500,000 to help control as expected locust plague in the Great Southern and south-east agricultural areas in the next few months. The Cabinet approved the funds yesterday as a special allocation. The Premier Mr O'Connor, said the money would be used to supply free chemicals for farm treatment and for controlling bands of new adult locusts which were likely to cause damage or lead to continuing problems. The allocation was a once-only payment and in future farmers would be expected to contribute to the control of plagues. Eighteen shires from the Lake Grace-Pingrup area to Mt Barker-Albany had been affected by locusts in 1981-82. A medium to heavy plague could cause losses of up to two per cent of total production--amounting to $7 million. As well as lost production, plagues made the land more prone to soil erosion, stripped trees, destroyed gardens, damaged parks and caused inconvenience to motorists. About 60 tonnes of insecticide would be needed to treat about 180,000 hectares in the 15 shires. [Perth THE WEST AUSTRALIAN in English 13 Jul 82 p 4]

CSO: 5400/7577

MEASURES TO FIGHT BACTERIAL BLIGHT OF RICE DISCUSSED

Xian SHAANXI RIBAO in Chinese 11 Apr 82 p 2

[Article: "Remarkable Success in Prevention and Control of Bacterial Blight of Rice in Hanzhong Prefecture. Production Area Quarantine and Prevention and Control of the Spread of Diseases and Insect Pest Begun"]

[Text] Plant protection and plant quarantine station science and technology personnel in Hanzhong Prefecture have won striking successes in the prevention and control of paddy rice bacterial blight over large areas.

Beginning in 1980, this plant protection and plant quarantine station set up 655 disease-free bases on more than 350 mu area. Thanks to the painstaking care of technical farm cadres and the masses, 1.68 million jin of blight-free first generation hybrid rice seeds were harvested in the fall of the same year, and more than 17,900 jin of "three lines" rice seeds plus 700,000 jin of conventional rice seeds free of blight were also harvested. These disease-free seeds were planted for open field production in 1981. The diseased field area dropped strikingly, and the extent of damage decreased greatly. Survey statistics show that as a result of the spread throughout the prefecture's producing areas of the single measure of quarantine to prevent the spread of disease damage, 6.05 million jin of paddy was saved in the same year. After summarizing experiences, in 1981 they formulated "Trial Regulations for Hanzhong Prefecture Paddy Rice Seed Producing Area Quarantine," while enlarging to 17,575 mu the disease-free paddy rice base area so as to lay a foundation for further eradication this year of bacterial blight.

The specific methods they used were as follows: (1) Effective inspection to understand the disease situation. During the fall of 1979 8,300 quarantine inspectors were training throughout the prefecture, and 434 communes carried out field inspections so as to clearly delineate the dividing line between disease and disease-free zones as data for formulating prevention and control measures. (2) Adoption of multiple measures for the breeding of disease-free seeds. In establishing disease-free fine variety breeding bases, they followed quarantine requirements, using "dikushuang" to soak the chosen rice seeds prior to planting them. In propagating seedlings and caring for them in open fields, strict attention was given to proper watering, fertilization, and use of pesticides to prevent outbreaks of bacterial blight. (3) Implementation of quarantine in producing areas and promotion of disease-free seeds for sale. Before the rice was harvested, quarantine personnel from plant protection units and science and technology personnel from fine variety breeding units conducted joint quarantines of producing areas. In production teams where no bacterial blight had occurred, quarantine requirement certificates were signed and issued in the fields and procurement contracts signed on the basis of the area involved. Following harvest of the rice, seed units became responsible for procurement, storage, and looking after the seeds. Before growing seedlings in the following year, disease-free seeds were taken, according to disease prevention plans, to disease-free areas or to communes and brigades lacking seeds in diseased areas where they were planted to put an end to the source of disease bacteria.

9432
CSO: 4007/411

DONG THAP PROVINCE CONCENTRATES ON SUMMER-FALL RICE

Hanoi NHAN DAN in Vietnamese 23 Jul 82 p 1

[VNA News Release: "Dong Thap Concentrates on Tending Summer-Fall Rice"]

[Text] After completing the planting and first fertilizing of 47,000 hectares of summer-fall rice, the peasants of Dong Thap Province are urgently carrying out the second fertilizing and guarding against and fighting waterlogging, insects and diseases.

More than 3,200 hectares of summer-fall rice were affected by insects and diseases and were affected by acidity. The agricultural, water conservancy, and banking sectors and the vegetation protection stations coordinated in providing guidance and creating favorable conditions so that the peasants could tend and protect the rice. The provincial bank invested 10 million dong to help the peasants purchase additional pumping machines, insecticide sprayers, and fertilizer. The Water Conservancy Service sent to the districts 15 additional boats equipped with pumps. Meanwhile, the water conservancy sections and irrigation stations reorganized 79 pumping machine clusters in order to be appropriate to the production acreage of each area and ensure sufficient water for the rice. The districts of Cao Lanh, Hong Ngu, etc., sent to the villages hundreds of thousands of liters of POL [Petroleum, Oil and Lubricants] and tens of tons of insecticides.

All of the villages, hamlets, and production collectives in Cao Lanh District have vegetation protection units which, along with the peasants, inspected the fields, sprayed insecticides to eliminate leafhoppers, and cleaned up the fields. The peasants of Tam Nong and Hong Ngu districts repaired dikes, dams, sluices, etc., embanked area dikes, continually monitored the water level, etc., in order to ensure safety for the rice area.

5616
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END

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13 September 1982

Worldwide Report

EPIDEMIOLOGY

No. 294

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13 September 1982

WORLDWIDE REPORT

EPIDEMIOLOGY

No. 294

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VARIOUS ADVANCES IN PUBLIC HEALTH SERVICES REPORTED

Services of Health Centers Reported

Kabul KABUL NEW TIMES in English 27 Jul 82 p 3

[Text] According to the current year's expansion plan for the health services, the educational health affairs department will establish four new zonal health centres in different parts of the Kabul city and put them at the service of the patients.

The department presently has two major health centres in the area adjacent to the Public Health Ministry and one in the Karti Sai region and another in the Zarnigar Park. These health centres have health laboratories, X-ray units, dental clinics, anti-malaria laboratories, central ear and throat polyclinics and the central polyclinic pharmacy store.

"They are always at the active service of the male and female students of schools, lycees, dormitories and physical health institute and are making efforts to improve their fruitful service to the patients", an official of the department said in an interview to the Kabul New Times recently.

The offical recalled: Under the past regimes, while the Public Health Ministry had not been promoted to a ministry's level, the health affairs in the country were the jurisdiction of an independent directorate, and the health care of students was the job of foreign medical personnel. And, after the educational health programme of the Kabul faculty of medicine was completed and the faculty was established, Afghan physicians graduated from the faculty of medicine and undertook the medicare of the students gradually by forming a health unit of the Education Ministry at first."

In 1360 H.S. (1981), the unit was promoted to a department of educational health affairs of the Education Ministry. With 60 beds, this department was at the service of the students of the Kabul city. In the beginning of the same year, the department was departed from the Education Ministry and it began to function as a wing of the Public Health Ministry.

It was decided that the department should be directly guided by the Child-Mother Care Institute. A decision was also taken that those patients of the department whose diseases are advanced and dangerous, shall be hospitalised in different hospitals of the ministry at the directions of the physicians of polyclinics of the department. They are hospitalised as soon as they are introduced to the hospitals in accordance with the instructions of the Public Health Ministry.

The department has now two major centres and six zonal health centres. They are the zonal health centre of the Amna Fedawi in the eastern part of the city, the Mehrabuddin zonal centre in the southern part, the Mariam zonal centre in the northern part, the Mastora Ghori zonal centre in the old city, the Spin Kalai zonal centre in the Khoshhal Khan Mena in the western part, and the health centre of the Karti Parwan secondary school for the central part of the city.

In addition, a branch unit of the polyclinic is functioning in the dormitory of the Khoshhal Khan Lycee in the Bagh-i-Babour area.

Over 19,928 persons were treated in the internal health services section, 901 in surgical section, 3,876 in the ear and throat sections, and 3,788 in the skin diseases section, while 2,749 eases of bandaging were handled by the different sections of the department.

Similarly, according to the official, 28,609 persons were administered BCG and anti-typhus vaccines. Over 22,663 newly enrolled persons were also examined and treated during 1360 and 1361 H.S.. As many as 3,951 patients were treated in the dental clinics of the department.

The department has carried out over 15,301 laboratory tests for 5,090 patients and introduced 2,771 students to other institutions for further treatment. This way, the department examined and treated over 24,762 patients through its six zonal health centres in the city.

Another 460 persons were radio-graphed free of charge during the year.

Hospitalisation of patients forced the department to expand its activities. To provide facilities to the patients to report on time to the zonal health centres and through them to hospitals, the department urged all its zonal health centres to accelerate their activities in this regard.

All health services of the hospitals of the Public Health Ministry are at the disposal of the department. Therefore, the polyclinics of the department introduce those patients to hospitals whose diseases need further treatment and who deserve to be hospitalised. And hospitals render effective and meritorious assistance in treatment of these ill students.

The patients, who are introduced to the hospitals through the polyclinics of the department, "enjoy all possibilities and facilities of treatment and examination in hospitals", the official said.

All the medicines needed for the department are mainly supplied by the Public Health Ministry. ten cartons of drugs were also donated by the UNICEF last year.

The medicines needed for the department will be supplied by the representation of the UNICEF in Kabul according to an agreement concluded with the representation regarding the continuation of its health services for the current Afghan year.

In addition, 11 kinds of drugs, at a cost of Afs 120,000 donated by the friendly German Democratic Republic, were put at the disposal of this department by the DRA Peace, Solidarity and Friendship Organisation. These were distributed to patients free of charge.

Only newly enrolled persons are administered the BCG vaccine. Other vaccines, administered to children before their school age are avaialble in all the child-mother care centres of the city", the official pointed out.

Talking of the current year's expansion plan of the department, the official said it has in view to establish four zonal centres in different parts of the city and "put them at the service of the compatriots."

Health Brigades Active in Provinces

Kabul KABUL NEW TIMES in English 5 Aug 82 p 3

[Text] The newly established health brigades, in addition to defending the revolution, actively participate in social work programmes including health services, providing first aid to the families, attending to the patients and disabled persons in the hospitals.

Organised by the provincial committees of the DYOA, with the help of the Directorates of Public Health throughout the provinces of the DRA, the health brigades are formed by the youth and school boys and other members of the DYOA who had earlier been working in the health centres. Many are the students of faculty of medicine, pharmacy, veterinary or other health establishments in the DRA.

These health brigades, after being organised, are introduced to the Directorate of Public Health, where they are trained in special courses for 15 days to one month.

After graduation they receive certificates authorising them to work as health brigades.

The health brigades carry on their activities in the population centres, work places and reactivate the health centres destroyed by the counter-revolutionary elements and bandits.

They also participate in the operational programmes of the security organs in treating wounded people.

Working closely with the family planning centres and with the nurses of these centres, they also carry on extension work among the families and teach them how to better nutrition and the proper use of foodstuffs. (Bakhtar)

Campaign Against Malaria, Leishmania Launched

Kabul KABUL NEW TIMES in English 5 Aug 82 p 3

[Text] The institute for campaign against malaria and leishmaniosis has taken a total of 49,967 blood samples from patients, tested them and has treated 96,705 patients afflicted with these diseases, free of charge during the past 16 months.

The activities of the institute covers mainly the complete eradication of malaria and leishmania bearing mosquitoes and decisive struggle to prevent these contagious diseases from spreading. "And, the department has persistantly made serious efforts to achieve this end", an official of the institute told the Kabul New Times in an interview recently.

The offical added: "At present, the institute carries out the campaign against malaria and leishmania only in six zones.

They are the north-eastern, the north-western, the central, the eastern, the south-western and the western zones of the country where 28 units of the institute in the centres, districts, villages and subdistricts of the provinces function. These units diligently carry out their duties and activities in the interest of the people of the country. Besides distributing anti-malaria drugs, they also examine blood samples of all people suspected of harbouring malaria parasites. These tests are carried out in the institute's laboratories in the hospitals, clinics, health centres and their branch laboratories in remote areas.

"The institute has succeded in detecting so many cases of malaria only due to the technical superiority of its staff at the 24 units and has taken 413,732 blood samples in the last 16 months alone. Malaria parasites were observed in the blood of 77,381 of these cases. These patients not only recceived the basic curative treatment but they also received anti-malaria medicines from the department free of charge, as a preventive measure", he said.

The institute has also taken 82,235 samples from other people who are suspected to have malaria since the beginning of this year (March 21, 1982) up to the Saratan 22 (July 13, 82). Laboratory examination showed that out of these malaria parasites were present in the blood of 19,324 cases. They are all being treated by the institute.

The units of the institute sprayed 157 villages, 8,016 houses and 47,561 rooms with anti-malaria insecticides. Over 80,111 people were so protected from the disease during the last year.

In a similar manner the leishmania prevention section of the instiute detected 11,696 cases in the country and brought them under control by treatments in the last 16 months. The section has also carried out survey work in Kabul schools in order to find new cases, assess the results of the drugs used, the extent of control and awareness of the conditions of the epidemic in Kabul city. It has also treated a large number of patients to lessen the spread of the disease in Kabul.

"The leishmaniosis section has also conducted studies on the endemic forms of the disease in the Kandahar, Herat, Parwan and Balkh provinces, and obtained sufficient information on the carrier gray mosquitoes and their ecology in Afghanistan", the offical said.

The section has also performed studies on many animal diseases and surveyed the process of destroying mad dogs with the cooperation of the public health department of the Kabul municipal authorities.

In order to make the public aware and to absorb their cooperation in combating leishmaniosis, two TV programmes were telecast and one radio programme was also broadcast by the institute. The section also prepared hundreds of posters and pamphlets on the disease and distributed them to the people.

The section sprayed DDT (75 per cent dilution) in five villages, 10,309 residential areas and 70,427 rooms last year. Nearly 98,147 people were also provided preventive medicines for leishmaniosis.

"The institute has also taken effective measures to prevent the growth and reproduction of gray carrier mosquitoes and to eradicate these insects more or less in the Kabul, Kandahar, Herat, Balkh and Parwan provinces and the Ghorband district by utilizing its insecticide spraying teams equipped with DDT mixtures that are sprayed in the breeding areas and resting places of these mosquitoes. Results obtained from these measures have been considered as "satisfactory", he said.

Answering a question, the offical said: "The anti-larvae directorate of the institute has also succeeded in controlling the anophelus mosquitoes that lay their eggs on the surface of stagnant water bodies. These eggs hatch into larvae finally they become adult mosquitos who are carriers of malaria parasites and of leishmania. In order to control the anophelus and culex mosquitoes, beside the biological and phyiscal methods, the directorate has used for the last 16 months larvaecide E-500, a drug that destroys the larvae.

The directorate sprays the larvaecide in the breeding and resting places of mosquitoes. A total area of 59,107,000 square metres of water surface was so sprayed in the Kabul and Jalalabad cities, by using 418 litres of larvaecide last year and in the first three months of this year.

Biological control was tried by using larvae-eating fishes. The institute distributed over 4,766,058 such fish to an area of 1,692,797 square metres of water, which are considered the reproduction, breeding and resting places of mosquitoes, during the last year and in the first four months of the current year.

The physical method of eliminating mosquitoes is to dry seasonal waters, dig canals, fill swamps and the breeding and resting places of mosquitoes and a number of other measures. This was also done by the anti-larvae section. It was also eable to fill 1,713 cubic metres of swamp areas during the last 16 months.

Success was achieved in cleaning 799,657 square metres of water surface for better reproduction of larvae-eating fishes.

The official stated that during the last 16 months, the institute distributed 135,410,221 of chloroquin, daraprime and primaquin tablets to the needy people and patients free of charge in order to protect and treat malaria.

While treating leishmaniosis, the institute has handed over drugs, antibiotics, vitamins and antiseptic agents, which include 40 kinds of medicine, at the cost of over Afs 2,165,985, to the patients free of charge during the same period.

Foreign sources that supply medicine and other needed materials to the institute are the UNDP, the WHO, and the Soviet Union. The institute attaches great value to their fruitful cooperation," the official said.

A new research department has been newly established under the framework of the institute and started functioning from the beginning of the current year.

"Scientific research on malaria and leishmaniosis and search for better methods to fight these consititute the major and fundamental activities of this department", the official said. The WHO is rendering assistance to this department.

With the consultation of the WHO experts, the institute has undertaken an emergency plan in all sites of its working programme areas that aims mostly at curing malaria and leishmaniosis and distribution of medicines and anti-malaria treatment.

The institute has also decided to make untiring efforts in order to eradicate malaria and leishmaniosis-carrying mosquitoes, which exist in an endemic form in the Kabul, Kandahar and Herat provinces and Mazar city," the official stated.

New Clinic in Kabul

Kabul KABUL NEW TIMES in English 17 Aug 82 p 1

[Text]

KABUL, August 17 (Bakhtar)— A new health clinic, under the Kabul municipality, was inaugurated in Shah Shahid, Kabul yesterday.

The new clinic has various sections of stomatology, surgery, internal diseases, laboratory, family planning, vaccination, dressing unit and a dispensary.

This is one of the many such clinics planned for different parts of the city, under the state plan for socio-economic development for the current year.

CSO: 5400/5331

FLU EPIDEMIC IN MELBOURNE PEAKS, STRAIN TERMED MILD

Melbourne THE AGE in English 17 Jul 82 p 3

[Article by Mark Metherell]

[Text] The influenza epidemic in Melbourne is thought to be reaching its peak.

The epidemic has increased absences from work in some industries by 20 per cent and emptied classrooms of a third or more of their pupils.

The head of the virology department at Fairfield Hospital, Dr Ian Gust, said yesterday that two deaths had been linked with the flu virus. But he said the deaths should not cause public alarm. In both cases, the patients were aged or at risk.

"In general this is a mild strain. It has not produced very serious cases," Dr Gust said.

He said the epidemic seemed to be reaching its peak. "We have had 45 admissions to the hospital. We are much busier than we were this time last year . . . it is certainly the biggest outbreak since 1975," he said.

A national sales executive for the temporary employment agency, Drake Overload, Mr George Zammit, said yesterday that in recent weeks the company's illness-related staff placements had risen by 20 per cent compared with the same time last year.

Mr Zamitt said that what was complicating matters for employers was that the epidemic had struck at one of the busiest times of the business calendar — the end of the financial year, when many companies are involved in stocktaking and balancing the books.

He said that apart from the 20 per cent increase in illness-related vacancies, there was a heavy demand for temporary office staff to handle end-of-year business.

"If you can envisage you are a manufacturing company and you need to prepare reports for shareholders and directors, and not only your secretaries but also key people like accountants get ill, it makes things awfully difficult," Mr Zammit said.

The chilly economic climate has created further problems for many employers, according to the executive director of the Melbourne Chamber of Commerce, Mr Phillip Gude.

A lot of businesses had tightened up on staff because of economic conditions and now did not have much fat to withstand absences, he said.

Dr Gust said that so far Melbourne seemed to have been worst hit of any city in the eastern States, though reports of respiratory ailments in Adelaide indicated that the influenza B virus might be on the march there.

"Sydney has had very little . . . but they tend to get their 'flu a little later than we do," he said.

Dr Gust said that the flu's attack rate had been high in schools and other institutions.

The headmaster of Southwood Primary School in Ringwood, Mr Alex Alexander, said that after two of his junior classes had been depleted by a third because of the flu, he had checked with neighboring schools and found they faced similar problems.

An official from the Education Department responsible for secondary school staffing said that the absences among teachers caused by the epidemic has been the worst he had seen.

He said the worst-hit school in his area had been Fawkner High, where on one day last week 21 out of the 57 teaching staff had been absent.

CSO: 5400/7578

GASTROENTERITIS PERSISTS AMONG INFANTS, MINISTER NOTES

Bridgetown ADVOCATE-NEWS in English 7 Aug 82 p 1

[Text] Health Minister Mr. Lloyd Brathwaite says the obstinacy with which gastro-enteritis persists among the infant population in the country, is an indication that much is still to be done in imporving sanitary conditions here.

At the same time he warned that Government will shortly be amending the Health Services Regulations dealing with disposal of offensive matters in the island.

The Minister was speaking at the official opening yesterday of Government's multi-million dollar Bridgetown Sewage Treatment Plant.

Mr. Brathwaite said that medical records had revealed that in the past 10 years there had been a decline in the incidence of typhoid and paratyphoid, with only one case noticed during last year.

However, he said it should be noted that gastro enteritis was prevalent only in children under five years old although there could well be more cases among older children.

He pointed out that from a low level of 65 cases in 1971, the incidence rose to a peak of 194 in 1977, but had fallen to 147 last year.

"This is a situation in which we cannot afford to take comfort, and must acknowledge that the incidence of gastro enteritis in its scores and hundreds is an indictment on our wastes disposal practices and control," Mr. Brathwaite said.

He went on: "The presence of refuse, decaying food, dead animals and faecal matter, with their offensive odours, is a stark reminder that all is not well and action must be taken to improve environmental health conditions."

The Minister said that the sewage Treatment Plant was designed and constructed to remove the threat to the health of the community, which for many years existed around many large buildings, in the storm drains, or gutters within the City.

He stated that the treatment facilities will also be available for the treatment and disposal of wastes from septic tanks and sewage wells which are now taken to Cowell Street, Bridgetown, by cesspool emptiers and in drums.

The Minister charged that most of these vehicles operate in violation of the Health Services Regulations, and not only endanger health through callous disposal into the gutters adjacent to busy warehouses off Hincks Street, but have been largely responsible for serious pollution of the coastline adjacent to Hincks Street.

Mr. Brathwaite said that marine biologists had conducted studies of the seabed in that area, and reported that there was little marine life left in the seabed because of sewage pollution.

"Shortly action will be taken to amend the Health Services (Disposal of Offensive Matters) Regulations 1969 making it mandatory to bring cesspool wastes to this plant, and to prohibit dumping at Cowell Street," Mr. Brathwaite declared.

He said his Ministry had already initiated action to obtain assistance in carrying out a pilot study to re-use the clear effluent or treated waste water from the Treatment Plant for irrigation purposes.

CSO: 5400/7579

SEWERAGE TREATMENT PLANT OPENED; SYSTEM TO BE EXPANDED

Bridgetown ADVOCATE-NEWS in English 7 Aug 82 p 1

[Text] Prime Minister Mr. Tom Adams has hailed the country's modern sewerage system as a service designed to serve the country for several decades and yesterday said government did not intend to stop at Bridgetown in improving the island's sewerage programme.

Mr. Adams made the comments as he addressed the opening of the multimillion dollar Bridgetown Sewage Treatment Plant, and the inauguration of the system.

He said that within a matter of weeks, the Barbados Water Authority will take over the operation and maintenance of the system, construction of which lasted for three years.

Mr. Adams told the gathering, which included top Government officials and representatives of locally-based regional and international organisations, that the existence of the system was an asset to the entire country.

"But the Government does not intend to stop at Bridgetown. Our conviction of the need for efficient, modern methods of sewage disposal has prompted investigation into the existing methods and needs of the heavily built up areas along the south and west coasts and in the greater Bridgetown areas," the Prime Minister said.

To date technical assistance has already been secured, Mr. Adams pointed out, from the Inter-American Development Bank (IDB) to conduct feasibility studies of sewering those areas.

Mr. Adams also said that consideration is also being given to including the Zone One water protection area around the Belle, St. Michael, in any future sewerage system, to link up with the greater Bridgetown area at its closest point.

Mr. Adams said the rapid growth of the productive and distributive sectors over the recent past, had generated growing pressure on existing infrastructure, social facilities and measures of environmental sanitation.

According to the Prime Minister: "This system is therefore an integral part of such development and will be a major factor in preserving the quality of life of all those who live and work in this area."

He appealed to residents of Emmerton Lane and Lake's Folly to treat the facility as their own show-piece and avoid actions which will tend to spoil its appearance or cause damage to the costly structure and equipment.

He also made an appeal to the staff of the Water Authority, urging members to remember that the value of the Treatment Plant and its effectiveness for the environmental improvement for which it is designed and constructed will depend on the quality of operation and management you provide."

Work has already started on the vetting of applications for connections to the system, and permission has been given to applicants to make the link-up.

Mr. Adams reminded owners and occupiers within the area served by the sewerage system that connection was obligatory by law.

He added that the Water Authority will exercise its discretion in giving time to make the connections to the system, but that it was empowered to take enforcement action if necessary.

CSO: 5400/7579

TUBERCULOSIS STILL DREADED DISEASE HERE

Gaborone DAILY NEWS in English 3 Aug 82 p 1

[Article by Kebareng Solomon]

[Text] TUBERCULOSIS (TB) is still a dreaded disease among Batswana despite the recent advances in its control, management and treatment, the Minister of Health, Mr Lemme Makgekgenene told the Medical and Dental Association of Botswana.

The Minister was officially opening the associations annual meeting at the National Museum and Art Gallery last week.

The Minister said however, that he understood that TB was more amenable to treatment than some of the conditions resulting from excessive smoking and alcoholism.

He also spoke on other topics which were being discussed at the congress, among them cardiac disease and hypertention.

He expressed concern about the increasing number of hypertention cases and cerebro-vascula accidents that occur in the country.

Another topic "Rational Use of Antibiotics" was to be discussed and Mr Makgekgenene said he was aware that specialists have found it necessary to enforce some rational use of antibiotics.

He warned that indiscrimate prescribing of antibiotics leads quite often to serious problems of drug resistance in some life threatening conditions, he added.

The Association, the Minister explained, has its aims and objectives; to promote the medical, dental and the allied sciences and the highest standards, conduct and ethics of the Medical and Dental professions in Botswana.

The other aim was to arrange monthly meetings of the members of the Association and to act as a representative body of the medical and dental professions.

Turning to the congress which was attended by doctors, nurses and other health workers, the Minister said it was intended to provide some form of inservice refresher trainings for the participants.

About the Association itself, Mr Makgekgenene said it had come a long way since its inception and now had 120 doctors as members as opposed to 20 in the past ten years.

Talking about the problems faced by the Association, Mr Makgekgenene said he was aware that the serious constraint in the Association was the rapid turnover of expatriates members.

This, he explained, resulted in the change of the composition of the Association's membership every five years.

About salaries and allowances for doctors and allowances as recommended by the Deferred Recommendations Committee, Mr Makgekgenene said although most of the recommendations on overtime and incharge allowances were accepted by Government it had taken too long to resolve the final details for implementation of the recommendations.

CSO: 5400/5726

BOTSWANA

BRIEFS

ANTI-TB CAMPAIGN--AN ANTI-TB campaign will be launched in Mogobane, South East District, before the end of this month. A health team from Gaborone will show slides and films on TB cases and the prevention of the disease. The planned campaign comes after 45 TB cases were treated at the Mogobane clinic during the past six months. Last week a 53-year old Mogobane man died of TB at the Bamalete Lutheran Hospital and another TB victim is reported to be criticial at Mogobane clinic. According to Mrs Tshegofatso Legothwane, a staff nurse at the clinic, patients attended the clinic irregularly and were irregularly taking their medications as well. Mrs Legothwane also told BOPA that bilharzia was antoher disease that caused concern in Mogobane. She appealed to Mogobane residents to avoid swimming in or drinking unboiled water from Mogobane dam. She explained that the dam was infested with bilharzia snails and that the water was therefore contaminated. She said bilharzia parasites easily penetrated the skin causing the disease in a few days. She also noted that it took about a year to treat bilharzia. [Text] [Gaborone DAILY NEWS in English 28 Jul 82 p 3]

CSO: 5400/5726

BRIEFS

INCREASE IN MALARIA POSSIBLE--Dr Jose Luis Garces, director of the Department of Malaria of the Ministry of Health, declared yesterday that they fear an increase in the number of malaria cases due to the lack of sufficient funds for the programs which are being carried out to prevent the disease. He declared that up to 30 June, 59 cases in various places were detected, out of a total of 72,138 persons examined. Most of those affected came from Central American countries. Added to the 59 cases are five cases uncovered the week before in Limon and which, according to him, they already started to treat. On the possible increase of the disease, Dr Garces announced that budget cuts make us suppose that at any time the number of malaria cases will increase. He added that they operate on an annual budget of 18,000,000 colons, which, however, could be cut by 2,000,000 colons. Dr Garces said that of the 59 cases reported, it was determined that 20 are Nicaraguan immigrants, 8 Guatemalans, 11 Salvadorans and 1 Bolivian. [Text] [San Jose LA NACION in Spanish 8 Jul 82 p 6A] 9678

CSO: 5400/2189

NEW RABIES OUTBREAK IN SAN MARCOS PROVINCE

Guatemala City PRENSA LIBRE in Spanish 4 Jul 82 p 2

[Article by Edgar Octavio Giron Castillo]

[Text] Coatepeque--The appearance of new cases of human rabies again worries health authorities, when in March and April of this year, this fatal disease--which has no cure whenever the virus attacks humans--, claimed five victims in the regional hospital of this city, who came from municipalities on the San Marcos coast and from this city.

Last Friday at 1400 one more patient with rabies was admitted: Florencio Vicente Cardona Ramos, 39 years of age, from the village of Palin, Nuevo Progreso, San Marcos. His condition is extremely critical, and it is feared that he will not recover, isolated in the regional hospital.

He Was Bitten By a Dog

Mrs Mercedes Ramos, mother of Cardona Ramos, said that about 2 months ago her son was bitten by a dog at their home, but she never thought that he had rabies and the preventive vaccination treatment was not taken.

Wednesday, Cardona Ramos started to feel sick and by Thursday he was worse, as a result of which he was brought to the regional hospital where, according to the symptoms which he described, his illness was diagnosed as rabies.

He Would Be the Sixth Victim of This Disease

Cardona Ramos would be the sixth human rabies victim since March, right after an epidemic outbreak which appeared on the coast of San Marcos and Quetzaltenengo.

Between March and April of this year, Mardoqueo Lopez Morales, 4 years old and Carlos Humberto de Leon, 24 years old died of rabies in the regional hospital of this city.

Both were bitten by a rabid dog in the village of El Triunfo, Ayutla, San Marcos.

Likewise Humberto Enrique Sanchez Lopez, 32 years of age, of the village of

Pajapa, Pajapita, San Marcos, died of rabies. Also, Arcidio Lopez Huinil and Juana Martinez, both 45 years of age, from this city.

Prevention To Avoid More Cases in Tecun Uman.

Right after the rabies deaths in the village of El Triunfo, Ayutla, San Marcos, in the municipal district, Ciudad Tecun Uman, preventive treatment had to be applied to more than 50 neighboring inhabitants of that area in order to avoid further fatalities.

Anti-Rabies Vaccination Campaign was Undertaken

The Ministries of Public Health and Agriculture concerned over the magnitude which this epidemic outbreak of rabies was taking, decided to undertake a canine antirabies campaign in the coastal regions of San Marcos and Quetzaltenango with the object of forming a protective "barrier" at the altitude of Suchitepequez, and in this way to avoid the spread of the disease throughout the entire country.

That campaign resulted in the vaccination of more than 11,000 dogs. DIGESEPE and Public Health undertook the campaign.

9678
CSO: 5400/2194

BRIEFS

RABIES CASES INCREASING--According to reports from sanitary region Number 3, an average of 10 persons per day come to the health center of Puerto Cortes, bitten by rabid dogs. Health authorities are worried about the incidence of this disease among the canine population of that municipality, with consequent danger for human life, which has caused them to take strict measures to avoid the spread of the disease. They have started by eliminating all stray dogs which roam the streets in certain hamlets and villages, because it was discovered that in the hamlet of El Chile one dog bit 10 people, who were treated in the emergency room in the health center. After the first treatment the patients remain for observation. In San Pedro Sula there were various persons who died of this disease, after having been bitten by rabid dogs or rats, but the partial elimination of those animals has checked the spread of the disease. [Text] [Tegucigalpa LA TRIBUNA in Spanish 28 Jun 82 p 2] 9678

INFANT MORTALITY REPORT--The Ministry of Public Health will undertake various programs for the purpose of controlling respiratory diseases and diarrhea and to decrease the mortality of Honduran children under 5 years who live in rural areas. These tasks include assistance which will be offered to the mother and the child, for it has been proved in both cases, that death is frequently the result of malnutrition, according to Gustavo Corrales, director general of public health. The official said that out of 1,000 infants who are born, 17.6 percent die, which means that every day 45 infants between the ages of 1 and 5 cease to exist because of transmittable diseases and that 60 percent die because of diarrhea. [Text] [Tegucigalpa LE TRIBUNA in Spanish 28 Jun 82 p 2] 9678

DENGUE OUTBREAK FEARED--Despite the grave threat which is spreading throughout the country no effective action has been initiated by the authorities to prevent the transmission of hemorrhagic dengue, at least not in San Pedro Sula. It was discovered that in sanitary region Number 3 they lack the insecticide to destroy the mosquito Aedes aegypti in its larval state, which is the vector of the malignant disease which has played such havoc in various countries of the Caribbean and lately in Belize. What is indeed strange is that the authorities of that region have not promoted an intensive campaign, developing preventive measures against the disease, but as far as we know, they are having some chats on the subject in schools and with personnel in the mayors offices. Hemorrhagic dengue is already gaining ground in the country. In San

Pedro Sula and Puerto Cortes, two suspicious cases were discovered last week, creating justified worry among the people. Hemorrhagic dengue, after arriving in the country, will find fertile soil in San Pedro Sula, where there are breeding places for mosquitoes everywhere. [Text] [Tegucigalpa LA TRIBUNA in Spanish 8 Jul 82 p 2] 9678

CSO: 5400/2189

INDONESIA

BRIEFS

RABIES IN WEST JAVA--In the past 3 months 71 persons in Tasikmalaya Regency were reported to have been bitten by mad dogs. Three of those bitten were positively identified as having rabies. They died shortly after being bitten. The Tasikmalaya Regency Rabies Control Team invited the public to actively participate in controling rabies by, among other things, recommending that they report bites and bring persons bitten by dogs to the P3M [control, prevention, and eradication of communicable diseases] office headed by Dr Erwin. Both live and dead dogs who have bitten people should be turned over immediately to the Animal Husbandry Service. In addition it is recommended that caring dog owners register their animals with the Animal Husbandry Services or with the village or subdistrict office. To date the team has killed some 1,200 dogs as a preventive measure to control the spread of rabies. Dogs well cared for by their owners have been innoculated. Meanwhile areas with rabies to which attention should be given reportedly include Rajapolah, Kotip Tasikmalaya, Manonjaya, and Singaparna. [Text] [Jakarta HARIAN UMUM AB in Indonesian 9 Jul 82 p 2] 6804

RABIES IN CENTRAL KALIMANTAN--The Central Kalimantan Health Service, the Animal Husbandry Service, and the regional government are now innoculating residents along the Kapuas Murung River, in particular from Puron to Kuala Kurun, Tewah, and the Hanyu River in Hulu Kahayan, Kapuas Regency, according to DVM Rusli Harahap, chief of the Central Kalimantan Level I Region Animal Husbandry Service as told to newsmen in Palangkaraya on Monday [26 July]. The innoculations were given by two teams starting, respectively, in Kuala Kapuas and in Kuala Kurun. They gave 1,000 doses which provide immunity against rabies for 3 months. Rusli Harahap and Dr Mariadi, chief of the Central Kalimantan Provincial Health Department regional office, who visited the Kayu Bulan Village near Pujon City (Kapuos Hulu) came across a young woman who had been bitten by a dog that showed symptoms of rabies. This young woman is now being treated in Kuala Kapuas. Unfortunately, Rusli Harapan said, the dog involved had been killed by a local resident and thus its brain could not be examined in the laboratory in Bandung. According to information provided by a local resident, seven persons were bitten by dogs, one of whom died. [Text] [Jakarta KOMPAS in Indonesian 29 Jul 82 p 8] 6804

GASTROENTERITIS IN CENTRAL JAVA--According to an official report gastroenteritis, known to have erupted on 8 June 1982, has spread throughout most subdistricts of Banyumas Regency. The spread of gastroenteritis coincided with the beginning of the dry season in May. Only four of the 24 subdistricts in Banyumas Regency are still free of the "people's" disease. Dr Kuntoro, chief of the Banuymas Regency Health Service (DINKES), refused to provide information on the eruption of gastroenteritis which has haunted the 1.3 million Banyumas residents for the past 2 months. Reportedly Lumbir and Ajibarang Subdistricts are the most severely hit by gastroenteritis of the 18 subdistricts [as published] stricken by the disease in the regency. There are 168 cases in Lumbir Subdistrict, 6 of whom died. At least 200 victims have been recorded in Ajibarang Subdistrict since 15 June. Thirty-one died including one who was under treatment at the public health center. According to an official report at least 150 residents were stricken by gastroenteritis in Lumbir, Ajibarang, and the Pakuncen Subdistricts during June and July. Nineteen of them were reported to have died, broken down into five in Lumbir, 10 in Ajibarang, and four in Pakuncen Subdistricts. An official source confirmed to KOMPAS that there had been some confusion regarding the number of gastroenteritis cases. Many villages had not reported these cases either to the subdistrict or to the public health center because most of the victims died before they were taken to the public health center. The source said if all villages had reported their gastroenteritis cases, it is estimated that more than 50 persons died of the disease in only the three subdistricts of Lumbir, Ajibarang, and Pakuncen. The president has offered the aid of four ambulance units to control the possible spread of various contagious diseases in the Bonyumas area especially during this dry season. Soepardjo, governor of Central Java, offered the aid of a mobile water tank unit and 400,000 rupiah were offered by the Central Java PKK. As of last Tuesday [27 July] a number of gastroenteritis victims were carried in to the public health center on people's backs. The ambulances provided by the president have not been used. The waiting room of the public health center has become crowded with wooden beds. Dozens of victims with infusion tubes in their bodies are lying on beds which lack sheets. [Excerpts] [Jakarta KOMPAS in Indonesian 31 Jul 82 pp 1, 12] 6804

GASTROENTERITIS IN ACEH--Gastroenteritis which is spreading in Pidie Regency, Aceh, has not yet reached the level of thousands of cases. According to data available in the regency health service, there were only 241 cases during the period January to July. Not all were tested positive for cholera (gastroenteritis). Dr Syarifuddin Anwar Skm, chief of the Pidie Regency Health Service, who was contacted by SINAR HARAPAN on Thursday morning [29 July] said only six of the 241 cases were recorded as having died. "I was surprised that the mass media reported there had been thousands of cases," he said. His side is now trying to find a solution to the spread of gastroenteritis by providing information to the public on how to handle it. Kaporit [?chlorinated lime] is recommended for use in wells in areas believed to be stricken by gastroenteritis, and oralit is to be given to the area residents. He admitted that gastroenteritis occurs in Pidie Regency almost every July. He is not ignoring the possibility that the outbreak of the disease could reach epidemic proportions because of still poor environmental factors. "A team from Bangladesh is now conducting a survey to confirm this," he revealed. In 1978, the doctor said, 1,478 cases were recorded in Pidie Regency, 70 of whom died. In 1979 there were 879 cases and only 29 of these persons died. In 1980 1,017 persons were recorded as having gastroenteritis, 22 of whom died, while in 1981 only 337 persons contracted the disease, two of whom died. From January to July 1982, only 241 persons were recorded as having the disease, only six of whom died, Dr Syarifuddin Anwar Skm said. [Text] [Jakarta SINAR HARAPAN in Indonesian 29 Jul 82 pp 1, 12] 6804

MEASLES IN TANGERANG--In the past 2 months "tampek" (measles), a contagious disease, struck 104 persons in Mauk Tangerang resulting in 30 deaths. Dr Kinar, chief of the Tangerang Regency Health Service, said in general the disease attacked children between the ages of 1 and 5. After it became known that the epidemic had spread in the subdistrict, health officials immediately were called out to combat the disease and to innoculate the public. MERDEKA was informed, in response to its question, that the deaths were caused by the delay in reporting the epidemic to the local public health center so that officials were late in providing assistance. [Excerpts] [Jakarta MERDEKA in Indonesian 28 Jul 82 p 3] 6804

UNIDENTIFIED DISEASE IN JAMBI--Dr E. Oswari, chief of the regional office of the Jambi Provincial Health Service, appealed to the Jambi public not to be concerned about the spread of a disease whose symptoms are fever, rash covering the entire body as well as aching muscles and joints. The disease is not fatal, Dr Oswari assured them. He explained on Tuesday [27 July] in his office that what the disease is and its causitive virus are still under investigation. The disease struct Tanjung Jabung Regency and several cases were encountered in the municipality of Jambi. Dr Oswari said smiling, "Because we still don't know the name of the disease, we have called it the "malvinas" disease. This is just a joke because the disease actually began to spread almost 2 months ago when the Malvinas war was heating up." The disease lasts from 5 to 7 days and is self-healing without the use of medication. If medication is prescribed, it is done so only to provide relief from pain. The muscles and joints are sore and the disease's victims hesitate to move their hands and feet. Dr Oswari noted that the type of virus which causes the spread of the disease is still being investigated by the Jambi Provincial Health Service. Blood and urine samples have been taken from the victims for examination. Dr Oswari explained that the disease primarily attacks adults. The symptoms may be similar to those of campak or dengue fever (5-day fever). "As far as I know this disease has appeared in Jambi for the first time," he disclosed. [Excerpts] [Jakarta MERDEKA in Indonesian 29 Jul 82 p 9] 6804

CSO: 5400/8429

NATIONAL TUBERCULOSIS STATISTICS

Mexico City NOVEDADES in Spanish 20 Jul 82 p 6

[Article by Ma Teresa Garcia Guerra]

[Excerpt] Dr Carlos Pacheco, director general of Tuberculosis Control said that among the principal contagious diseases in our country, tuberculosis occupies second place and there are more than 25,000 people afflicted with tuberculosis registered in health institutions.

There are 33.8 per 100,000 inhabitants with tuberculosis and the mortality rate is 42.3 per 100,000, according to the doctor, who, in a press conference announced that an international conference commemorating the centenary of the discovery of the tuberculosis bacillus will take place in this capital 28, 29 and 30 July.

Dr Pacheco said that on a world basis, Mexico is considered among the countries where tuberculosis is an unresolved public health problem of the first priority. He pointed out that Veracruz and Tamaulipas is where there are more people suffering from Koch's disease.

He referred to prevention methods which are taken in our country and said that the most effective is vaccination with BCG whose use was instituted on a massive scale starting from 1968 for children up to 14 years of age. He mentioned that 90 percent of those minors are already immunized.

Promotion of the Vaccine

From 1977 on vaccination of recently born infants ahs been promoted, reaching a coverage in 1981 of 744,571 children less than a year old. In the last 5 years 1,339,343 vaccinations have been applied annually.

It is hoped that the safety results of the infantile faccination have been evident and it is to be hoped that mortality data show an important drop in the frequency of the disease in children.

The perspectives of tuberculosis control in the next 10 years are vaccination with BCG for at least 90 percent of the newborn, timely diagnosis of the majority of cases and proper treatment for all, and, above all, obtaining success with more than 90 percent.

Dr Pacheco said that the Administration of Tuberculosis Control and Diseases of the Respiratory System--headed by him--the National Committee for the Battle Against Tuberculosis and the Mexican Society of Pneumonia and Thorax Surgery A.C. are all battling this disease.

9678
CSO: 5400/2197

HEALTH SERVICE PREPARES MEASLES VACCINATION CAMPAIGN

Maputo NOTICIAS in Portuguese 9 Jul 82 p 10

[Excerpts] An educational campaign on the absolute need to vaccinate 9-month-old children in the fight against measles will begin soon at doctors' offices, schools and neighborhoods of Maputo in an attempt to control the outbreak of measles whose proportions cause concern to the Ministry of Health.

The health offices in Maputo are concerned at the measles mortality indices. The outbreak began because children are not vaccinated at the proper time.

According to Dr Oscar Monteiro, director of the Prophylaxis and Medical Examination Center, in the past 6 months increased cases of measles have been reported.

Statistics indicate that about 60 cases of measles are detected each week by the Health Services, of them, between 8 and 11 are fatal. An average of 40 children die each month.

Dr Oscar Monteiro added that about 200 children per month go without vaccination; this greatly contributes to the increased number of cases.

"It is necessary for people to be aware of the seriousness of what is going on," said Dr Oscar Monteiro who made reference to the importance of vaccinating children as soon as they reach the age of 9 months.

"We have to vaccinate children when they reach the age of 9 months for which only one injection is necessary. Children under 9 months of age cannot be vaccinated against measles," reads a pamphlet from the Prophylaxis and Medical Examination Center prepared for the campaign that is to begin shortly.

The serious blame, because it is known, for not vaccinating the children at 9 months of age lies, in the first place, with the parents because the only way to prevent the disease is to vaccinate.

Measles Study

Dr Cristina Cans, epidemiologist at the Ministry of Health, made a study of measles in Maputo. Conducted between October 1981 and April 1982 in various neighborhoods of the city, the study concluded that an average of 4,000 cases of measles per year were registered, of which 320 were fatal.

Every year, 3 percent of children under 5 contract measles; and of these, 5 percent die. Deaths from measles occur more frequently among children under 8 months and those between 18 and 23 months.

Under 9 months the child is very weak and cannot receive vaccination against measles because it is not effective. Between 18 and 23 months, after the child is weaned, there are problems of nutrition which make the bodies receptive to this type of disease.

Between October 1981 and April of this year there were some 2,500 cases of measles. The most affected neighborhoods in the city of Maputo were Alto, Mae, Mavalane, Matola 1, Catembe and Chemenac [part of word illegible].

On the other hand, in three areas of the city although few cases were registered, there were more fatalities due to the distance between the dwellings and the health centers. These areas are Machava 1, Machava 2 and Matola 2. Here the last resort when a child is at the point of death is to take it to the hospital when it is too late.

Every year an average of almost 34,000 children are born in Maputo. Close to 16 percent of children under 9 months of age are affected by measles. To prevent the spread of the outbreak in Maputo it is necessary to vaccinate 80 percent of the children. At present, the coverage is about 50 percent.

11634
CSO: 5400/5705

BRIEFS

ENCEPHALITIS CASES--Janakpurdham, August 8--Two boys of eight and twelve years of age are reported dead of encephalitis here yesterday, reports RSS. The deceased boys, one from the Mahendra Highway area and the other from the southern part of Dhanusha district, were undergoing treatment at a local clinic. Another two encephalitis patients are currently undergoing treatment at the Janakpur Zonal Hospital. [Text] [Kathmandu THE RISING NEPAL in English 9 Aug 82 p 6]

CSO: 5400/5729

HOSPITAL ADMINISTRATION COMMISSION CONSTITUTED

Karachi DAWN in English 22 Aug 82 p 10

[Text] The President has constituted a hospital administration commission which will visit various provinces to review the working of Government-run hospitals and suggest measures for further improvement, Federal Health Minister, Nasiruddin Gogezai told a radio news conference yesterday.

A formal announcement will be made by the President, adding that it would submit its report to the President after six months.

He said the committee, headed by the planning chief, Dr Mahboobul Haq, was going through the demands of the doctors. The Provincial Governments had submitted their recommendations in keeping with their available resources in the light of which a draft of recommendations was being prepared which after due discussion would be submitted to the President.

Dr Jogezai said the Government, during negotiations with the doctors, had assured their representatives that whatever possible would be done for them.

He said the Provincial Governments had increased the number of house-jobs and upgraded the posts. The Provincial Governments of Sind and Punjab were providing 55 per cent house-jobs to fresh medical graduates while in Baluchistan and NWFP 100 per cent medical graduate were being absorbed in house-jobs.

He said the Provincial Governments of Sind and Punjab had given an assurance to absorb 100 medical graduates in house-jobs under a phased programme during which the number of bed would be increased to the required level. This would be done during 2-3 years, he added.

About the national health policy, Dr Jogezai said this policy was nothing but the national 5-year health plan. The present 5-Year Plan would end in 1982-83 and all proposals suggested therein were under implementation.

The new 1983-88 health plan would cover new proposals and programmes, including the scales etc., he added.

He said emphasis was being given on providing increased health facilities in ward areas, mass vaccination, and on preventive aspects. Besides the number of staff and beds in the hospitals was also being increased.

CSO: 5400/5753

BRIEFS

AFRICAN BEES SIGHTED--The health authorities have announced that African bees have been sighted in several parts of the capital and the canal area. [Text] [PA261840 Panama City TELEVISORA NACIONAL in Spanish 2300 GMT 24 Aug 82]

CSO: 5400/2209

DIARRHEA, PNEUMONIA CASES RISE

Manila BULLETIN TODAY in English 13 Aug 82 p 36

[Text] The San Lazaro Hospital (SLH) has its hands full of patients suffering from preventable communicable diseases such as diarrhea and pneumonia.

The Disease Intelligence Center of the Ministry of Health reported 215 cases of diarrhea and 284 pneumonia cases last week.

The incidence of diarrhea reportedly rose from the previous week's 163 cases. A total of 195 cases came from Metro Manila.

Wire reports of diarrhea cases were received from Bacolod with 56 cases, Cagayan with 15, and Leyte with six cases.

The incidence of pneumonia, on the other hand, decreased by 17 cases but remained way above the five-year median of 154. All but 24 of the hospital admissions for pneumonia came from Metro Manila.

Other seasonal diseases likewise showed an upward trend with 24 cases of typhoid fever, 14 cases more than the previous week.

A total of 66 cases of measles were reported during the week, representing 13 cases higher than the previous week. Most of these patients reside in Metro Manila.

With the increase in morbidity, a usual occurrence during the rainy season, health authorities called on the public to avoid eating peddled and raw food, and boil water obtained from unsafe sources.

The Ministry of Health urged the public to have children between nine and 14 months immunized against measles in the nearest rural health unit (RHU) and to obtain packets of oral rehydration solution (Oresol) for diarrhea victims.

CSO: 5400/5750

ANTI-MALARIA DRIVE BOOSTED

Manila BULLETIN TODAY in English 17 Aug 82 p 17

[Text] Zamboanga City--Village health workers are being appointed in every barangay in Southern Philippines by the regional health office in its anti-malaria campaign.

Health regional director Hilarion Ramiro, Jr., a TOYM and Lingkod Bayan awardee, said that the drive is supported with anti-malaria drugs supplied to barangay health stations by the Ministry of Health which is given to patients for free.

The health official, in compliance to the directive of Minister Jesus Azurin, is exerting efforts to maximize the utilization of health manpower in the fight against malaria in region 9.

He also clarified an early news report that it was not the Muslims being alluded to but other cultural minorities living in the hinterlands of Mindanao as the Muslims consider it against their traditional belief to use mosquito nets.

Director Ramiro said further there is a need for an information campaign to encourage both Christians and Muslims in some areas of Mindanao to develop the habit of using mosquito nets for their health protection.

CSO: 5400/5750

MOSQUITO NETS FOR MALARIA INFESTED AREAS

Manila BULLETIN TODAY in English 11 Aug 82 p 28

[Article by Romeo S. Movido]

[Text] ZAMBOANGA CITY—Mosquito nets for free, users wanted! Health Regional Director Hilarion Ramiro, Jr., plans to distribute some 70,000 mosquito nets to families in malaria-infested areas of Southern Mindanao, particularly, Sulu, Tawi-Tawi, and Basilan.

The old antidote in fighting mosquitoes is being resorted to when it was found out by health researchers that some strains of mosquitoes in Mindanao are resistant to insecticide chemicals.

An information campaign is being launched by the regional office and local health units to teach cultural minorities' families how to use mosquito nets which practice is reportedly against their traditional beliefs.

Director Ramiro has implemented an all-out drive against malaria in consonance with the directive of Health Minister Jesus Azurin. The campaign is being conducted as part of the primary health care program.

Provincial health officers, chief of hospitals, representatives from the private sector, military and other entities have pledged their commitment to Ramiro to give full support in the region-wide anti-malaria drive during a conference held yesterday.

The regional official is seeking the aid of the Muslim affairs office, regional executive council and other agencies in the region to provide funds for the acquisition of the mosquito nets.

Director Ramiro who is also a TOYM and Lingkod Bayan awardee on community health, is tapping the support of civic and professional organizations like the Rotary clubs to donate the needed items.

CSO: 5400/5750

NORTH-EASTERN TRANSVAAL PLAGUED BY DISEASE

Johannesburg THE STAR in English 5 Aug 82 pp 16-17

[Article by Pamela Kleinot: "Generation Raised on Disease and Hunger"]

[Excerpt] Polio is just one of the many diseases that ravage children daily in the rural areas of South Africa.

Less than 30 children have died since the polio epidemic broke out in the northeastern Transvaal 10 weeks ago compared to the 770 children who have died from measles in the same period.

Measles--the fourth biggest killer of children--is said to kill 11 children daily.

But the biggest killer is gastro-enteritis followed by pneumonia and malnutrition.

People tend to respond to "glamour" diseases like polio and cholera paying littel attention to these much more dangerous and common conditions.

The Infantile Mortality Rate--the barometer of a population's health standards--is about 130 every 1000 in rural blacks compared to about 20 to every 1000 in whites.

Forty-eight percent of deaths in blacks occur in children under five years of age while only seven percent of deaths in whites occur in this age group.

The vast discrepancy in death rates reflects the different disease patterns among whites and blacks rooted in the different socio-economic status of the two groups.

Rural blacks suffer from diseases of deprivation. The people are poor and often live in overcrowded and unhygienic conditions which are conducive to the spread of diseases like TB which kills between 10 and 20 people daily. Malnutrition further favours the development and spread of these diseases.

The contaminated water supply and poor sanitation in poorly developed areas causes many other infectious diseases.

When it rains, human excreta scattered in the bush or overflowing from badly sited pit latrines may be washed downhill into the water source.

These conditions provide the ideal breeding grounds for the spread of cholera, typhoid, hepatitis and gastroenteritis.

Most children in Gazankulu have bilharzia and doctors say there is no point in treating them unless they have complications because they soon get reinfected.

Trachoma, an eye disease that can cause blindness if untreated, is extremely prevalent along the Limpopo Valley and surrounding areas, particularly rife in northern Lebowa and the Louis Trichardt area.

It is a disease of poor hygiene easily spread among family members using the same towels and face cloth. It is also spread by flies.

Most of these diseases are preventable. Many have been eradicated in Western countries because of improved living conditions.

While some are totally preventable through vaccine like polio, measles, whooping cough and diphtheria, others can only be contained by improving environmental conditions--a clean water supply and proper waste disposal facilities.

"I feel guilty when children I treat survive. Most of them are sickly and hungry. Some look as though they come out of concentration camps."

These are the words of a South African doctor trapped in the visious cycle of diseases bred by poverty.

He is working at a hospital in the homelands where the wards are filled with children suffering from malnutrition, gastro-enteritis, pneumonia, measles and typhoid.

He also sees children suffering from whooping cough, TB, hepatitis, malaria, diphtheria and tetanus.

Those that die just add to the statistics. Many deaths go unrecorded as the children never reach hospital.

But it's the children who survive that worry the doctor. Because he knows they will return to a life of misery and despair always living in the shadow of hunger and disease.

An estimated 50 000 children die in South Africa each year from malnutrition and malnutrition-related diseases.

Minor illnesses like measles become serious in malnourished children whose bodies have little resistance.

About 11 children each die from this totally preventable disease and many others are left blinded for life.

Tuberculosis kills between 10 and 20 people daily and millions of others walk around spreading this highly contagious infection.

South Africa's major health problem are concentrated in the "homelands" where people have been resettled since 1960.

CSO: 5400/5752

TUBERCULOSIS DAILY DEATH RATE REPORTED

Johannesburg THE STAR in English 3 Aug 82 p 1

[Text] Cape Town--Ten million South Africans have latent tuberculosis and about 10 people die from the disease daily in South Africa, Professor E. Glatthaar, head of the department of community medicine at the Medical University of Southern Africa said in Cape Town yesterday.

He told delegates to a conference on tuberculosis the disease accounted for 83 percent of instances of notifiable diseases in South Africa.

Professor Glatthaar said the most important determinants of the prevalence of tuberculosis were socio-economic factors such as poor housing, overcrowding and malnutrition.

Socio-economic improvement was basic to eradicating the disease but specific health programmes could in themselves yield certain rapid benefits.

Only about 40 000 of 120 000 infectious cases were detected each year, he said.

Dr David Webseter, seminar lecturer in social anthropology at the University of the Witwatersrand blamed South Africa's "appalling" tuberculosis statistics on the discrimination and oppression to which the mass of the people were subject.

He said without fundamental social and economic change tuberculosis and other such diseases could not be successfully overcome.

"Medical and sociological studies have shown that fundamentals like food, housing, employment, political power and other non-medical factors play the decisive role in determining morbidity and mortality rates in the black population and especially in the working class," he said.

He said immigrants, including mineworkers brought the disease with them and the mines provided the social and physical environment for the spread of contagious diseases.

Miners found to be suffering from the disease were sent home and, by state legislation, were not permitted to seek employment in urban areas. The disease spread rapidly, reaching epidemic proportions when left untreated.

CSO: 5400/5752

BRIEFS

MORE POLIO CASES--ANOTHER two cases of polio have been confirmed at Pietersburg Hospital, bringing the number of reported cases since the outbreak of the disease to 285. The Deputy Director-General of Health, Dr James Gilliland, said the epidemic was "decidedly tapering off". Dr Gilliland explained that, despite the massive immunisation campaign launched in South Africa and the national States, it took some time before immunisation became effective. [Text] [Johannesburg THE CITIZEN in English 26 Aug 82 p 1]

POLIO DEATH--Another polio death in the GaRankuwa Hospital, 30 km north of Pretoria, was reported in Pretoria yesterday by the deputy director-general of Health, Dr James Gilliland. Dr Gilliand said 43 children had died of the disease over the last four months. The epidemic has been confined mainly to the Gazankulu area and 270 children have received hospital treatment for the disease. Two children have been admitted this week.--SAPA [Text] [Johannesburg SOWETAN in English 20 Aug 82 p 4]

CSO: 5400/5730

TUBERCULOSIS INCREASE REPORTED

Colombo DAILY NEWS in English 10 Aug 82 p 6

[Text] MT. LAVINIA. The increasing incidence of TB in the age group 16—55 years was referred to by Dr. P. A. D. Perera, president of the Dehiwala-Mt. Lavinia branch of the CNAPT at the 31st anniversary meeting of the branch held recently.

Therefore, a survey was essential to detect potential patients and positive cases he said. BCG vaccine has been systematically used since 1948 in Sri Lanka. Even so there was an average of ten new patients every month, within the municipal area. This was not satisfactory.

Colombo South Magistrate, I. M. Liyanage was chief guest and Deputy Mayor of Dehiwala-Mt. Lavinia, G. D. Perera was guest speaker.

He also said the Association had helped to rehabilitate affected families and make them self-supporting with good results.

Mr. I. M. Liyanage, chief guest said there were still misconceptions in respect of that disease for instance it was hereditary, caused by poverty, that it was incurable and so on. These erroneous ideas could be removed by health education. He commended the association for arranging this schools' poster competition and exhibition TB.

Mr. G. D. Perera, Deputy Mayor, said as far as the municipality was concerned, anti-tuberculosis work could not be considered in isolation but should be in the main health program which municipal health authorities were engaged in.

In that context, unsatisfactory health conditions due to environmental defects had to be given priority. Useful suggestions made by voluntary organisations such as the CNAPT were therefore welcome.

Dr. J. R. Wilson, Chairman, executive committee, CNAPT, Colombo, traced the history of tuberculosis and its successful control by western countries. Control and eventual eradication of the disease by improving social conditions.

In Sri Lanka state instituted plans and programs needed active support from voluntary organisations and participation by people, because over 6000 new patients were discovered yearly. For every such patient there would be at least five more potential patients.

He emphasised that chest clinics were expected to play a vital role in 'case' finding, give effective treatment and direct preventive methods.

It was regrettable that these centres were not functioning satisfactorily.

A large number of students participated in the schools' poster competition and exhibition. Prizes were donated to winners by Mrs. G. D. Perera.

1st Prize Miss B. Nilmini Lilanti Perera of Girls High School Mt. Lavinia; 2nd Prize Miss. Dhammika Ekanayake of St. Joseph Girls School Nugegoda; 3rd Prize Miss Gayani Atapattu of Holy Family Convent Dehiwala.

CSO: 5400/5729

BRIEFS

SHIGELLA DYSENTIATIAE VIRUS SPREADING--While the "El Tor" cholera epidemic has been contained, the deadly dysentry virus, shigella dysenteriae I has spread with about 295 positive being isolated in the past three weeks according to medical reports. The areas affected are Colombo, Kelaniya, Nugegoda, Ja-Ela, Homagama, Moratuwa, Dehiwela, Padukka and Negumbo. The virus shigella was confirmed to have been brought into the country from the Maldive Islands. Medical sources said it was deadlier than the cholera virus and warned against the consumption of uncooked food and unboiled water. [Text] [Colombo SUN in English 31 Jul 82 p 1]

CSO: 5400/5729

MEASLES IMMUNIZATION CAMPAIGN FRUSTRATED

Lusaka TIMES OF ZAMBIA in English 14 Aug 82 p 2

[Excerpt]

COPPERBELT provincial political secretary Mr Martin Mubanga said in Ndola on Thursday that Watchtower sect members in Chief Fungulwe's village, Ndola Rural, were frustrating efforts of medical authorities conducting an immunisation campaign.

Mr Mubanga, who has just returned from a tour of the district said the village had reported an outbreak of measles which has claimed two lives.

The immunisation team dispatched to the area could not contain the situation because the majority of villagers were watchtowers who did not bring their children for immunisation.

"Even the health education programme being undertaken by a member of the staff of the rural health centre is not being met with total success," he said.

Mr Mubanga said the Fungulwe rural health centre had been operating without some drugs for the past two months.

The centre caters for more than 1,200 patients and runs an underfive and ante-natal clinics.

The refrigerator donated to the health centre by the United Nations International Children Emergency Fund (UNICEF) for storing drugs had broken down.

But the Copperbelt provincial medical officer, Dr Vinayak Ganu said he had not received a report on the outbreak of the disease from his officers in the area.

He said it was difficult for his office to make on the spot checks in rural areas because of lack of transport.

"There are 31 health centres and 20 health assistants in the area and it is their responsibility to report such cases to us whenever they occur."

CSO: 5400/5732

BRIEFS

CHAMA MEASLES DEATHS, INCIDENCE--Four children have died of measles in Chama following an outbreak of the disease last June. The senior medical assistant at Chama Rural health centre Mr Windsor M'hango said six other children are still admitted at the health centre. Mr M'hango said quick action involving a vigorous door to door immunisation campaign by medical staff immediately the disease broke out had helped the situation. He said with the campaign still on it was hoped the disease would be completely eradicated soon. He appealed to parents in the district whose children have not been immunised to take them to the health centre immediately. ZANA/ZIS [Text] [Lusaka DAILY MAIL in English 10 Aug 82 p 3]

CSO: 5400/5731

BRIEFS

CATTLE PLAGUE--The Agriculture Ministry has recently supplied 10,000 doses of cattle-plague vaccine to the government veterinary service in southern Lebanon. Seven thousand of the 10,000 cattle in the area have already been vaccinated by the Lebanese. The vaccination programme follows rumours about the spread of cattle disease in Syria. The disease reportedly is also spreading in Iran, Saudi Arabia, the Gulf states and Egypt. Israeli cattle, and all cattle in the West Bank and Gaza Strip, have been vaccinated since the news about the disease in the area first reached Israel. Israel has been free of cattle-plague since 1927. [TA080740 Jerusalem THE JERUSALEM POST in English 8 Aug 82 p 3 TA]

CSO: 5400/4742

BRIEFS

FOOT-AND-MOUTH CONTROLLED--Messina--After a gap of three years, the Messina Agricultural Show has returned to the calendar and cattle which went on show yesterday were reported to be in peak condition despite a severe summer drought. The show was postponed mainly because of serious outbreaks of foot-and-mouth disease in the Messina district in recent years. A senior veterinarian said the disease was under control. [Text] [Johannesburg THE STAR in English 7 Aug 82 p 4]

CSO: 5400/5752

TSETSE FLY INFESTATION, FOOT-AND-MOUTH CONTROL

Lusaka TIMES OF ZAMBIA in English 14 Aug 82 p 2

[Text]

SEVEN hundred thousand cattle in the country have been infested by tsetse fly, a veterinary and tsetse control department spokesman has said.

He said the areas in which cattle have been most affected are Eastern Province except Chadiza district, Kalomo district and Gwembe valley in Southern Province, Senanga and Sesheke in Western and Mumbwa and Kabwe Rural in Central Province.

The spokesman said only 1,000 square hectares in Eastern Province and 600 square hectares in Kabwe would be sprayed with insecticides this year because funds were not enough to cover all affected areas.

On the foot-and-mouth disease in the Southern Province, he said cattle would be allowed to move out of the province after an announcement through the Government Gazette by the Agriculture and Water Development ministry. But he did not say when.

Restriction of cattle movement was the best method of controlling the disease but because of other problems vaccines had to be used too.

Last month the Minister of State for Agriculture and Water Development Mr Noah Dilamonu said the disease had been brought under control, but cattle in Monze, Choma, Namwala and Mazabuka district were still to be vaccinated against the disease.

CSO: 5400/5732

SUGAR RUST DISCOVERED IN ALAJUELA, GRECIA

San Jose LA NACION in Spanish 12 Jun 82 p 2A

[Text] Engineer Juan Jose May, vice director of plant health of the Ministry of Agriculture and Livestock (MAG) announced yesterday the appearance of the disease known as sugar rust in Alajuela and Grecia.

He added that rust has attacked fields of sugar cane on the Pacific, principally in Guanacaste, but now it is nearing Valle Central and endanger sugar production in the area.

Engineer May said that the Agricultural and Industrial Sugar Cane League (LAICA) and MAG are trying to control the expansion of the disease, which was discovered toward the end of May. In total, there are 10 hectares affected.

Officials of LAICA advised that, on the other hand, floods in the Tempisque area, Guanacaste, inundated 1,000 hectares of recently planted sugar cane, which will mean a loss of 80,000 metric tons in the next harvest which begins in December.

Sugar Rust

Sugar rust the common name for "Ustilago scitaminea," is characterized by the production of whip-like forms, from the base of the plant, which impedes its growth and harbors the fungus causing the infection. These whips, which can be straight and small or irregularly curved, reach in some cases more than 90 centimeters in height.

It is the disease which plays the most havoc in sugar production. According to a report of the Regional International Organization for Plant Protection and Animal Health (OIRSA), within the whips are formed fungi in the form of spores, which on maturing open the sheath and are disseminated by the wind, infecting other plants.

The name "rust" comes from the black color which the mass formed by the spores of the infected whips acquires.

Methods

Engineer May said that once having penetrated an area, the total eradication of sugar rust is impossible. The spread can be limited by thinning out the infected whips and burning the very damaged plants, but there is always dissemination due to climactic factors, primarily the wind, which diffuses the infected spores.

He stated that one of the most important methods which can be used is to sow varieties more tolerant of the disease in places which are free of rust.

He said finally that strict control is being enforced in the cane fields and in the transportation of cut cane, to avoid having some sick plants damage the plantations.

9678
CSO: 5400/2189

MALADY AFFECTING CANE CROP

Cairo AL-AHRAM in Arabic 1 Jul 82 p 9

[Article by Husayn Shahbun: "'Smut'...The Most Serious Cane Disease Appears in Upper Egypt; Agriculture Minister Announces: 'Disease Under Control and Crops Healthy, Diversification into New Varieties, Complete Survey of Cultivated Areas"]

[Text] In the past few months, some cane fields in the governorates of al-Minya, Qina and Aswan have been hit by smut, raising concern among cane growers since this disease is one of the most dangerous fungal diseases that affect cane. The disease endangers the entire crop in severe cases, particularly since the only remedy is to burn the stubble or the affected areas, and prevention is considered impossible...

To begin with, smut is a fungal disease that spreads rapidly, with the following symptoms: the pith of the plant becomes dry, black spores resembling coal dust appear, the pith turns into a black membranous sheet that resembles a whip (which growers actually call "whips"), and finally, the entire core and the affected areas dry out. Smut is transmitted by air, irrigation water, insects, birds and livestock, which makes the spread difficult to control, and has no treatment except burning the affected areas. However, burning affected areas itself requires precautions and special expertise.

The Question Now...

What are the facts and the extent of the effects of this disease, and does it represent an actual danger to Egypt's national cane crops? What efforts is the Ministry of Agriculture making to control it? Have these efforts succeeded in protecting Egypt's cane from this dangerous disease or is its specter still threatening to destroy the cane?

Dr Yusif Wali, Minister of Agriculture, says, "It is true that some cases of smut have appeared in the governorates of al-Minya, Qina and Aswan. It began with the discovery of a case in an area of one kerat in an experimental field belonging to the sugar company in Qina. The ministry has instructed agricultural directorates in cane-growing governorates to form committees composed of representatives of the technical agencies in the ministry of agriculture and the sugar company to survey and examine all cane areas. It has also assigned a group of cane researchers to follow up the examination and survey and to apply scientific solutions to immediately eradicate any appearance of the disease.

The results of the first survey confirmed that the disease had appeared in a very limited area, did not represent any danger and was in poorly-drained, wet areas. The incidence as shown by detailed investigation is as follows:

A "juvenile" case appeared in a 100-feddan area in Aswan with a "mature" case in only 3 feddans, where it was excised and burned completely. In the remainder of the areas, only the "whips" and the affected plants were burned.

The largest total area in Qina struck by the mature disease was 2 feddans, while the total area where a juvenile case appeared in Qina was only 80 feddans.

The total area in the governorate of al-Minya where the disease appeared was 150 feddans, with only 2 feddans of these mature cases, which were completely excised and burned.

Therefore, the total area affected by the disease in the three governorates was 330 feddans, with only 8 of these affected seriously, and these cases were completely excised. These areas do not represent the least danger, either to the growers or to the country, particularly since the total area of cane cultivation is about 200,000 feddans.

Dr Yusif Wali added, "The ministry has put 10,000 [Egyptian] pounds at the disposal of every governorate to help pay for resurveying and re-examining and as just compensation to growers whose farms were burned so that the growers will not be harmed.

Tests will be run continuously, and the Permanent Committee for Sugar Cane has decided to replace the variety in which the disease appeared, No 310 or Coimbatore, with another variety resistant to this disease. The committee has also drawn up a broad, comprehensive plan to boost cane yield.

Engineer Faruq 'Afifi, Chairman of the Permanent Committee for Sugar Cane, says, "The conclusions of the comprehensive survey of cane-growing areas in all producing governorates have confirmed that the disease had no economic effect, although a new series of surveys has been initiated to confirm that there are no other cases and to take every precaution to prevent any from appearing in the future. The Permanent Committee has also drawn up a plan to diversify by substituting variety S9, which is resistant to the disease, for the non-resistant Coimbatore variety, in which all cases of the disease occurred. The committee's plans also include cultivating 5000 feddans in Aswan Governorate during the Fall cane season in October with completely mechanized methods, from preparing the land for cultivation to loading the crops onto railroad cars or trucks to transport them to sugar refineries. The purpose of this plan is to increase production from 35 tons per feddan to 40 tons, which can be done easily. We hope to accomplish this within a 5 to 10-year period by gradually introducing complete mechanization in cane-growing areas in all producing governorates. The Aswan experiment this Fall will take place in model fields, with the committee providing 30 pounds per feddan as support. The only problem facing us was that of [acquiring] mechanical harvesters suited for local cane. By using a Japanese loan intended to increase cane production, we were able to obtain suitable machines from France. Their use will be expanded according to the plan to mechanize cane production over a 10-year period.

Engineer Faruq 'Afifi, Chairman of the Cane Committee, added, "Complete mechanization of cane production will save about 50 percent of the cuttings used, will save 10 to 15 percent of the average yield lost during harvesting and transporting the cane and will also increase production. We hope to achieve self-sufficiency in sugar production and operate sugar refineries at top capacity within only 7 years and to improve and modernize irrigation and drainage methods in cane-growing areas.

9882
CSO: 5400/5018

REACTION TO RAT ERADICATION PROGRAM

Cairo AL-SHA'B in Arabic 13 Jul 82 p 9

[Article: "Will the Government Interfere Before the Problem Turns into a Catastrope?"]

[Text] The severe shortage in agricultural production that the common citizen feels is no longer due to the creeping desert, soil erosion, encroaching buildings or even crop disease. There is now an impending danger that threatens agricultural production in Egyptian villages: Rats. They are new phenomenon that did not exist in agricultural lands before, and appeared only 3 years ago. Despite the warnings then addressed to the officials in charge, rats were neglected, with the result that now Egypt's agriculture is endangered.

AL-SHA'B today is sounding the alarm, as had done before Ahmad al-Faqi, the People's Council representative of Aja County in the Daqahliyah Province and a member of the Parliamentary body of the Socialist Labor Party. In February 1980 he raised his voice in the People's Council with warnings about rats. AL-SHA'B then went to al-Mahalla al-Kubra in the Gharbiya Province and Aja County in the Daqahliyah Province, and came out with this report that we now present to the minister of agriculture.

Our tour started in the Daqahliyah Province. There AL-SHA'B met with Ahmad al-Faqi, People's Council representative of Aja county. He told us he had warned about the danger of rats more than once, and that he has adopted this serious problem inside the People's Council.

He added that he wrote a memo to the minister of agriculture saying he wished the minister would see for himself the wheat fields laid to waste by rats, until the price of 5 qantars of what now reached 25 pounds. He invited the minister to see the cotton fields where cotton twigs were consumed by rats, orchards ruined by rats and barley fields that became the largest refuge for hundreds of thousands of rats. Al-Faqi emphasized that this is now a very serious phenomenon.

AL-SHA'B then met with a number of farmers. Wafiq Mitwali Tubar, member of the local council of Aja county, said that the rats did not leave anything, to such an extent that the wheat crop in Aja registered a loss of 70 percent this year. Same thing applies to rice which registered a drop of 60 percent, and vegetables which registered a loss of 50 percent.

He added that a qantar of fodder, which used to cost 2 pounds, reached 5 pounds this season and is still going up.

The minister of agriculture is required to form working corps of students during summer vacation to fight rats in return for certain prizes to be given away to students.

What is also wanted is religious conscientiousness in distributing pesticides and insecticides, instead of members of the agricultural cooperatives giving them away as gifts and bribes to some people.

Ahmad Hamad Hijazi of the Sahrajat al-Sughra village in Aja said that rats are the most serious threat ever to face agricultural lands and that it is being resisted by all available means. But this resistance has so far proved weak, because what is needed is a national campaign led by the government throughout the country. This had not happened, and the result was that rats have eaten everything, even animal fodder. There is even a trend now in the village to turn to breeding cats and letting them loose in the fields to counter rats.

Muhamad Ismail Shahawi, a farmer in the village of Dayr, says he has failed even in raising chicken, because the rats were not satisfied with attacking crops, they have even attacked the chicks and killed them. He was not successful in his attempts to prevent this.

Muhamad Abdul-Fatah Ahmad, a farmer in the village of Shannisah, says the farmers have invented some means to resist rats. An original method is to prepare 5 kilograms of fancy baqlavah, and mix it with Andrin, a poison used to kill rats. Other farmers prepared 20 kilograms of fish, treated with the same poison. But all these methods have proven only partially effective.

Mahfuz Hasan al-Ashmawi, member of the local council of Aja and member of the joint society there, reported that the director of agriculture in the county said they did not have rat poison, and that the poison they had was one for which the rats had developed an immunity. This was in a session of the local council of Aja on 20 June, 1980. But the director did not offer a solution: Do we leave the fields to the rats? The affliction with rats has caused estimated losses of an average of 40 percent in all crops.

Ibrahim Sa'd, member of the local council of Aja, said there was no alternative for government intervention to launch a campaign that would get rid of rats. Rats did not only attack crops, today they are attacking homes and threatening children in their sleep.

This was confirmed by Mr Muhamad Abdul-Nabi, member of the local council of the village of Shubra Wish.

Mahmud Abdul-'Aziz Azzam, manager of the Benzayon stores in Aja, maintained that the rats did not only attack agricultural lands, but invaded houses and stores as well. He said rats spoiled a large part of the goods he had in the store, particularly clothes and fabrics. These losses, of course, were the loss of the public sector.

AL-SHA'B then went to the Gharbiya Province, namely the village of Hayatem in al-Mahalla al-Kubra, as well as some neighboring villages.

There Mrs Iffat 'Abdal-Hamid Sulaman told us that rats did not exist in the village 3 years ago, but now they constitute a dangerous phenomenon that really threatens agricultural production. The losses for this year alone exceeded 50 percent of the crops. Suffice it to say that the minimum yield of feddan last year was 15 ardab, despite the existence of rats, but this year it went down to 7 ardab. Within 2 days, the crop of melons registered a loss of 50 percent.

Now that all methods to fight rats have failed, children were brought in, 12 children that is, to fight rats manually. A child receives 3 piasters for every rat he catches. The result was astonishing. Children have been catching 800-900 rats daily.

Today, after the crop was lost, there is no more fear in that respect. The fear now is from epidemics that rats can carry. Plague is therefore an imminent threat. What is required is a firm intervention by the state to prevent that. There is a need for all the available experience in this field to protect human life and Egypt's agriculture.

Makhluf Ahmad Shahawi also planted 1 fedan of wheat, and did not get any yield. Same was the experience of Uways Muhammad Ahmad Shahawi, who planted 2 fedans, one with wheat and the other with corn, with no yield whatsoever. The latter added that he is now afraid of planting anything again, for fear his efforts would again be lost. He explained that all the investment the farmers put in the land was thus wasted.

In the agricultural society AL-SHA'B met with a number of agricultural engineers. 'Abdal-Hamid al-Sayid Salim, agricultural engineer in the Hayatem society, told us that losses varied from one type of crop to the other. In wheat losses were 85 percent, whereas in rice they were 50 percent, fodder 40 percent, cotton 40 percent and vegetables 80 percent.

The worst losses were registered in the Hayatem village, in Saft Turab, Abshish, Bulqinah and Manshiyat Shantat Ayash, all in al-Mahalla al-Kubra.

9945
CSO: 5400/5019

BACTERIA AFFECTING COLIMA CITRUS

Mexico City NOVEDADES in Spanish 27 Jul 82 p 6

[Article by Alberto Serrano]

[Text] An outbreak of canker bacteria has been discovered in Colima State; this infestation is affecting the production of citrus fruit for export, particularly oranges and lemons. Therefore, officials of the Plant Health Department [DSV], subordinate to the SARH [Secretariat of Agriculture and Water Resources], have taken immediate steps to quarantine a planted area of 7,000 hectares as an emergency measure to protect the country's citrus production.

This is a new pathogenic organism--never before found in Mexico--which first appeared in the orchards of Florida, in the United States; it shows up in the form of yellow spots on the leaves.

Engineer Jorge Gutierrez Samperio, general manager of the DSV, said that this type of bacteria is widespread and affects all types of citrus fruit.

He also revealed that, as soon as the presence of this bacterium was discovered in Colima, Francisco Merino Rabago, head of the SARH and highly specialized in plant pathology, gave instructions to determine how extensively the area was infected and take emergency measures to prevent the blight from spreading to other citrus producing areas.

Analyses were made by DSV specialists to determine the characteristics of this bacterium which has invaded Colima, the extent of its spread and whether it has reached other citrus producing areas.

"For the moment," he said, "laboratory experiments indicate that the bacteria which appeared in Mexico are the least virulent. They are causing the leaves to fall and, according to their intensity, may prevent the trees from bearing fruit."

In this connection, it was advised that, once the laboratory analyses are completed, it will be possible to determine precisely which strategy to use for combating and controlling the organism.

8568
CSO: 5400/2196

BRIEFS

INSECT PEST ATTACKS COCONUTS--Chetumal, Q.R., 13 August--One thousand three hundred and fifty hectares in production have been afflicted by an epidemic of worms known as the "Mayate Prieto" worm, a transmitter of the disease known as the "deadly yellowish disease" ["amarillento letal"] which attacks plants. The above was reported by the deputy commissioner of the Calderitas common public land, Evaristo Mendez Diaz, who added that almost 70 percent of the coconut trees have been attacked by the above mentioned epidemic. He added that the coconut grove is cared for by 108 public land workers engaged in the sale of copra and it is located at 6 kilometers north of this city. He explained that the "Mayate Prieto" destroys the top of the coconut tree, which causes the plant to be afflicted with the "lethal yellowish disease," a disease that has already destroyed plantations in the northern part of the area. Mendez Diaz specified that the public land workers have spent approximately half a million pesos to combat the epidemic and are worried because they have not been able to completely annihilate it. [Text of article by Carlos Colonia, EXCELSIOR correspondent] [Mexico City EXCELSIOR in Spanish 14 Aug 82 p 30-A] 8255

CSO: 5400/2206

NEPAL

BRIEFS

PLANT HOPPERS RAVAGE PADDY CROP--Plant hopper is ravaging paddy crops in some panchayats of the capital, according to the Agriculture Information Branch. Insecticides are being sprayed under the joint auspices of the Entomology Section and District Agriculture Branch to control the insects. Meanwhile, the farmers have been alerted about the risk of feeding the cattle fodders collected from the area brought under spraying. RSS [Text] [Kathmandu THE MOTHERLAND in English 1 Aug 82 p 1]

CSO: 5400/5729

Briefs

LIAONING INSECT PESTS--Our reporters have learned from the provincial farm crops insect pests forecast station that since early August the snout moth's larva pest is spreading throughout most of Liaoning Province. This serious plague will hit Jianchang County in Chaoyang Prefecture; Heishan, Xingcheng and Suizhong Counties in Jinzhou Municipality. The plague is expected to expand into a number of areas. Localities in the province should vigilantly conduct examinations and prevention work in a timely manner. [Text] [SK090958 Shenyang Liaoning Provincial Service in Mandarin 1100 GMT 8 Aug 82]

CSO: 5400/4014

BLACK RICE BUG SPREADING

Manila BULLETIN TODAY in English 13 Aug 82 p 15

[Text] Researchers at the Palawan National Agricultural College (PNAC) reported recently that the black rice bug (Scotinophara lurida Burm) is now damaging not only lowland rice but also corn and upland rice in Palawan. They noted that in one of the corn fields invaded by the bug, the number of the pest found per corn plant is 800. In infested upland rice, the mean population density of the pest is 30 per hill. In lowland fields, 115 bugs per square meter was noted.

The Ministry of Agriculture and the Palawan provincial government are carrying out massive bug control operations involving all government agencies in the province but PNAC researchers noted that while the operation is succeeding in reducing the bug population in infested areas, the pest continues to invade new places. Their findings showed that the bug is already present in farms about 250 kilometers away from the site in Palawan where it was first seen.

To serve as an immediate guide in checking the black bug problem the interim control measures wrapped-up by the researchers of PNAC are as follows: use of contact insecticide to supplement systematic insecticide at recommended rate and frequency of application; synchronized planting of wide areas and coordinated application of control measures by farmers, cleaning, flooding and draining alternately unplanted ricefields and eradication of the pest by chemicals and hand-picking as soon as they start to appear in an area.

Currently the PNAC researchers are conducting some studies designed to yield more efficient means to kill the pest.

CSO: 5400/5750

BRIEFS

SPREAD, CONTROL OF PESTS--According to the Ministry of Agriculture's Vegetation Protection Department, harmful insects have appeared and developed in a number of localities. More than 180,000 hectares of 10th-month rice have been ravaged by harmful insects. This is 43,000 hectares more than in the previous 10 days. Brown leafhoppers are in their pupal stage and their density on ricefields is 100-300 per square meter. It is predicted that after 29 August the insect density may reach more than 300 per square meter over a vast area. Leaf rollers have also appeared in many localities with a density of 10-30 per square meter. These insects are scattering and will reach their pupal stage at the end of August. The Ministry of Agriculture has urged localities to follow the development of these insects closely in order to control them effectively. It also urged these localities to use all available facilities and equipment such as net and lantern traps and vegetal and chemical pesticides to eradicate these harmful insects promptly and prevent them from developing and spreading over a vast area. [Text] [BK211010 Hanoi Domestic Service in Vietnamese 0400 GMT 21 Aug 82]

CSO: 5400/5751

END

JPRS 81904

1 October 1982

Worldwide Report

EPIDEMIOLOGY

No. 296

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1 October 1982

WORLDWIDE REPORT

EPIDEMIOLOGY

No. 296

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BRIEFS

POLIO VACCINATION CAMPAIGN--Late yesterday morning during a press conference with the national news media, Agostinho Mendes de Carvalho, minister of health, announced that the fifth national vaccination campaign against poliomyelitis will begin next Sunday, 22 August. "This campaign, like the previous ones," said this member of the MPLA-Labor Party Central Committee, "is among the Ministry of Health's concerns to develop operations that are conductive to the fulfillment of party directives, with the view to reinforcing the health of mother and child in our country, and is mainly aimed at eradicating poliomyelitis from national territory." He said, further on, that Luanda city recorded about half of the total number of infantile paralysis cases throughout the entire country, known to his ministry. During the press conference, the minister of health also stressed that this campaign will make it possible for a million children up to 5 years of age, scattered throughout the national territory, "except in those sections still occupied by South African racist troops," to be safeguarded from poliomyelitis. On comparing this campaign with previous ones, Dr Raul Feio, national director of public health, emphasized that during the campaigns about 6.0 million children had been vaccinated and that, although not yet totally wiped out, a progressive decrease in poliomyelitis cases can now be confirmed. After stating that this operation would be continuous and permanent, Dr Feio announced that the beginning of the second and last vaccination of this campaign is 3 October. [Excerpts] [Luanda JORNAL DE ANGOLA in Portuguese 19 Aug 82 p 1] 8870

CSO: 5400/5757

DISEASE STATISTICS GIVEN

Manama GULF MIRROR in English 17 Jul 82 p III

[Text]

DISEASE figures for April published by Bahrain's public health directorate reveal that the number of cases of typhoid, hepatitis and malaria was slightly higher than in the same month of 1981.

There were 12 cases of typhoid during April, compared with five in the same period last year. A total of 19 cases of viral hepatitis were reported, compared with 18 in April 1981, and 14 cases of malaria against 11 last April. All the malaria cases were imported.

There have been no reported cases of polio or diphtheria only one of meningo-coccal infection and two of tetanus in the first four months of the year. Five cases of salmonella enteritis were reported and 22 intestinal carriers of salmonella were detected during April.

In the first 16 weeks of the year, 458 cases of measles were reported. Of these, 19 had been vaccinated against the disease and the remaining 439 had not. The outbreak hit children between the ages of one and four years most severely.

This age group accounted for 45 per cent of all cases. Thirty-five per cent of cases occurred in five-to-nine-year-olds and 11 per cent among babies of between six-and-11 months.

During April, 767 people, mainly children, were vaccinated against measles. There were 45 anti-tetanus injections, 2,766 BCG injections, 1,053 vaccinations against cholera, 11 against yellow fever and 32,428 against typhoid.

CSO: 5400/4737

NUMBER OF DEATHS FROM CHILDREN'S DISEASES REPORTED

Dacca THE BANGLADESH TIMES in English 21 Aug 82 pp 1, 8

[Article by Zainul Abedin]

[Text] About 25 children of age between one day and ten years die of paediatric diseases in the city every day.

The estimate is based on the death figures supplied by different hospitals including Shishu Hospital, clinics, graveyards, Anjuman-e-Mufidul Islam and other social and voluntary organisations.

Children die primarily of Broncho-Pneumonia, Dysentry, Diptheria, Infection and other diseases.

Talking to the Times Dr M.S. Akbar, Director, Shishu Hospital said that five children out of 42 admitted to the hospital last Thursday died on the same day. "They were brought in a serious condition," he said, adding "sometime we take the patient in to write their death certificates."

Dr Akbar said last week 22 children died; out of them 15 died within 48 hours because their conditions were very serious.

Giving the figure of the children in the hospital, Dr Akbar said at present 608 children were under treatment in the hospital, of them 33 were in the emergency ward.

Dr Akbar said that last month one thousand children were admitted of whom 120 died.

Explaining the cause of high mortality of children Dr Akbar said delayed arrival of the patients, unawareness of the parents about child-care and socio-economic condition were factors that led to the high rate of deaths of children in the city.

Though the mortality of children is not alarming, yet it has caused concern.

The in-charge of Azimpur graveyard told the Times, "We bury 40 bodies every day, 70 percent of which are bodies of children below the age of one day. Similar statement was made by the in-charge of Zurain graveyard.

CSO: 5400/7110

BANGLADESH

BRIEFS

DIPHTHERIA EPIDEMIC--Sherpur, Aug 14--Diptheria has spread in an epidemic form in Sherpur town. It has already claimed the lives of two children in a couple of days. At least 25 children have been attacked with the disease of acute throat infection in the town and the adjoining areas. Of them, 12 were rushed to Mymensingh Medical College Hospital for treatment. A medical officer of the local hospital told New National correspondent althou although the necessary medicines are available in the town, proper treatment of the patients is not possible due to the shortage of doctors and specialists. [Text] [Dacca THE NEW NATION in English 15 Aug 82 p 1]

CHOLERA IN MAGURA--Magura, Aug 19--Seven persons died and five others were attacked with cholera in Goeshpur, Malithia and Shaturia village under Sreepur thana of Magura subdivision. The Deputy Civil Surgeon, Magura, said that the Secretary of pure drinking water and food poisoning are the causes of the outbreak of the disease. Children are the worst affected. The Health Department has undertaken vigorous vaccination drive to combat the disease. [Text] [Dacca THE NEW NATION in English 21 Aug 82 p 2]

CSO: 5400/7111

MEASLES CAMPAIGN LAUNCHED IN ESEKA

Yaounde CAMEROON TRIBUNE in French 27-28 Jun 82 p 6

[Text] Nyong-et-Kelle department in general, and the town of Eseka in particular, have recently been threatened by an epidemic of measles. The victims were mostly infants under 6 months of age.

As soon as the epidemic was identified, the head of the department of preventive and rural medicine, Dr Mathieu Kamwa, took appropriate steps to stem the epidemic. Among other things, he organized speeded-up vaccination sessions [for the people in the area].

Since the operation began about 3 months ago, 1,035 infants have been vaccinated. Other cases of measles tracked down in the Ekoaman and Otele region resulted in steps to stem the epidemic very quickly.

The second phase of the vaccination campaign which is going to get under way soon promises to be more difficult, especially because of the poor condition of the roads and backroads which have been subject to unusually heavy rains this season. Nevertheless, the team of the departmental center of preventive medicine is not giving up. It is planning to overcome every obstacle in order to guarantee the health of the population. During this second phase, the vaccination team will go out to immunize people against measles, tuberculosis and Koch bacilli.

9516
CSO: 5400/5712

GARBAGE ACCUMULATION POSES HEALTH THREAT

Nicosia HALKIN SESI in Turkish 17 Jul 82 p 2

[Report by Mehmedali Gokdel]

[Text] The health of the people of Nicosia is threatened because of irresponsible acts by the municipal authorities.

Officials of the Nicosia Municipality sometimes give speeches about modern municipal services and say that they are providing all the services expected from a modern municipality.

It seems that while giving advice to the citizens about how a modern municipality should operate, the Nicosia Municipality has come to the conclusion that its services are not modern, and, so, it has stopped providing them.

Sanitary services have begun to be excluded from the list of modern services provided by the Nicosia Municipality, and the people have been left to live in unhealthy conditions in an apparent disregard for the cleanliness of the city.

Examples of this situation can be found around the Nicosia Municipal Market.

Although garbage dumping sites are supposed to be outside the city, the Nicosia Municipality is using a warehouse on Kuyumcular Street, where a lot of foodstuffs are produced and which is located behind the Municipal Market, as a garbage dumping site. It has been learned that the people living in the area are annoyed by the noxious odor of the dumped refuse which also poses a health hazard for the area.

The problem is made all the more serious by the fact that there is a candy factory and an ice cream plant near the garbage warehouse. Health experts we talked to said that the presence of so much refuse near the Municipal Market, where so many foodstuffs are produced and where people buy most of their consumption items, is a public health hazard, that it may cause an epidemic at any time, that food poisoning may occur, that there may even be deaths and that all dumping grounds must be outside the city in order to protect public health and the environment.

Shopkeepers working in the street where the garbage warehouse is located said that they cannot even stay in their shops because of the noxious odor coming from the dumped refuse. They said: "If we cannot be comfortable in our shops, it is highly unlikely that customers will ever come to our shops."

Meanwhile, citizens we talked to said that the Municipality is not giving the sanitation issue the attention it needs and that the Municipality must enlighten the people about sanitation. The citizens stated, however, that the Municipality does not even issue a statement on Environment Day which is regularly marked every year. The citizens added that the pollution of the environment by the Municipality itself is a shameful situation.

9588
CSO: 5000/5342

RATS TO BE FOUGHT WITH FLAME THROWERS

Cairo THE EGYPTIAN GAZETTE in English 24 Aug 82 p 2

[Text] FLAME-THROWERS will be used along with poisons in the campaign to exterminate millions of rats endangering the public health and national economy, according to the leader of the national campaign, Dr Bahgat Omar, the Undersecretary of the Ministry of Agriculture.

50,000 agronomists and 150,000 workers will take part in the campaign which will be using a fleet of huge trucks in addition the specially imported posion mixers.

The stock of pesticides, said Dr Omar, suffices to combat rats on an area of 5,500,000 feddans. The potential of the Armed Forces will be used in dealing with the use of flame-throwers.

Despite coordinated cooperation between the Ministry of Agriculture and the Ministry of Health during the past years, an expert said, it has been proved beyond doubt that the Ministry of Agriculture has lost the first round in the confrontaton with rats.

As the first step to success begins with realising the reasons behind the failure, the expert argued, we have to study the defects of the previous campaign which started last March and lasted three months till it had to be stopped owing to the exhaustion of the stock of pesticides

The lingering campaign, because of red-tape and committees meetings, has provided a golden opportunity for the rats to multiply freely and use their instinctive potential to safeguard their offspring everywhere in the infested areas.

The rats which could survive the previous campaign, the expert said, were those who brought up the new generations of wilder rats which devour our plantations, break into our granaries, and even defy people trying to catsh them.

The first principle that should be adopted in the forthcoming campaign will be therefore: "Not to stop for one single day", said Dr Omar.. "It is vital that the rats must face inevitable extermination."

A headquarters has been set up in the Ministry of Agriculture under the supervision of the Undersecretary for Combating Affairs, Mr Bahgat Omar. Representatives of 15 ministries and various bodies participate in the supervision.

The Undersecretary Mr Bahgat said that agreements had been concluded to import 6000 tons of pesticides from Britain and France costing L.E. 4.5 million.

He added that the campaign will last 30 days and will be repeated every six months for three consecutive years. Maintenance operations in the areas to be cleared of rats will continue after each campaign.

The effect of the pesticides to be used in he campaign will appear after five days and will cause the death of rats which will be burned afterwards to prevent epidemics, he said.

CSO: 5400/5024

MYSTERY DISEASE KILLS 12 PATIENTS IN MENTAL HOSPITAL

Virus-Like Symptoms

Georgetown GUYANA CHRONICLE in English 25 Aug 82 p 1

[Text] Doctors have not yet been able to identify a mysterious fast-acting disease which has taken the lives of eleven patients at the Fort Canje Mental Hospital and caused fifteen others to be hospitalised.

Chief Medical Officer Dr. Walter Chin told the Chronicle yesterday afternoon that blood samples are being sent to the Caribbean Epidemiology Centre (CAREC), in Trinidad, for biological studies.

Medical practitioners here, Dr. Chin said, feel that the symptoms indicate a virus that is fatal to those patients whose resistance is weak.

However investigations, including post-mortem examinations have so far failed to reveal the cause of death. Permanent Secretary in the Ministry of Health Claude Philadelphia said that the results of local chemical and biological analyses would have been considered yesterday evening and that the Ministry was sparing no effort to identify and isolate the disease.

The Ministry of Health statement signed by Dr. Chin and Cde. Philadelphia follows:

The Ministry of Health is viewing with great concern the fact that eleven (11) deaths have occurred over a period of one week at the Fort Canje Hospital, nine (9 of these deaths occurring over a period of 72 hours. In addition, fifteen (15) patients from Fort Canje have been admitted to the New Amsterdam Hospital. Of these five (5) are seriously ill. All patients are male and with the exception of two, came from the same ward at the Fort Canje Hospital.

On Monday 23rd August, 1982, the Minister of Health, Dr. Richard Van West Charles, the Permanent Secretary, Cde. Claude Philadelphia, the Chief Medical Officer, Dr. Walter Chin, Principal Medical Office, Dr. E. London and Cde. Wayne Joseph, a member of the Government Analyst Department visited the Fort Canje and New Amsterdam Hospitals to assess the situation.

Discussions were held with personnel at both hospitals and patients who were transferred to the New Amsterdam Hospital were visited and examined by members of the Ministry of Health team. The team was also present when post-mortems were carried out.

Investigations including post-mortem examinations have so far failed to reveal the cause of death but investigations are still proceeding and blood samples are being sent to CAREC (Caribbean Epidemiology Centre) for biological studies. In addition, further investigations are being undertaken by the Government Analyst Department.

Failure of Quarantine

Georgetown GUYANA CHRONICLE in English 26 Aug 82 p 1

[Text] ANOTHER Fort Canje hospital patient died within the last 24 hours bringing the number of victims to an unknown affliction to twelve.

Doctors at the New Amsterdam Hospital, to which the Fort Canje Hospital patients are transferred at the first signs of distress, have been looking on hopelessly as what is suspected to be a fast-acting and rare strain of virus claims victim after victim.

Quarantine procedures at the Mental Hospital have proved inadequate as inmates in another part of the male section of the compound, beyond the confines of the isolated area have also been stricken. The medical authorities are encouraging relatives to take to safety those patients well enough to be discharged and no admissions are being made.

The authorities hope to contain the illness and are watchful for the muscular atrophy, signs of cardiac arrest and the dilation of the pupils of the eye that signal its onslaught.

Reports from Berbice say that the citizens of New Amsterdam are calm, even though they would be the first to be affected should the affliction spread.

The Ministry of Health received the results of chemical and biological analyses yesterday, but is still unable to identify the source, organic or otherwise, of the ailment.

But blood samples have been sent to the Caribbean Epidemiological Centre in Trinidad for testing. Results should be available in a week or two.

CSO: 5400/7583

MEASURES BEING TAKEN TO PREVENT HEMORRHAGIC DENGUE

Tegucigalpa LA TRIBUNA in Spanish 20 Jul 82 p 3

[Text] To prevent the entrance into the country of type 4 (hemorrhagic) dengue which comes from the Caribbean area, public health authorities of the northern coast are completely fumigating every maritime craft which arrives at any port in that area along with its crew.

According to official reports, hemorrhagic dengue is an endemic disease afflicting a large percentage of Belize's population and reports from Suriname indicate also that that part of the Caribbean area is also afflicted with it.

According to observations made by Alberto Guzman Banegas, head of the Epidemiology Department of the Ministry of Health, hemorrhagic dengue is appearing in the same way as it did in 1978 when a large proportion of the population of the northern area was afflicted. Those persons who previously contracted it are the most susceptible to catching it again.

It is called hemorrhagic because the clash between the antibodies which everybody has and type four virus causes the rupture and destruction of blood vessels resulting in hemorrhaging from the nose, mouth and rectum. In some cases it can be fatal but if the patient is properly treated he recovers rapidly and completely.

Guzman Banegas said, "There is no cause for alarm because the proper preventive steps have been taken to prevent this disease from attacking us. Among the precautions is that of keeping strict watch over every foreign ship that comes from the Caribbean area." According to the report, airplanes arriving from abroad are also being fumigated.

Besides, the San Pedro Sula health authorities have formed an antihemorrhagic dengue committee consisting of Edgardo Umana Erazo, deputy director of Health Region No 3; Francisco Segurado Solis, head of the Health Education Department; and Guillermo Octavio Flores, director of the Miguel Paz Baraona Health Center.

Yesterday the committee met with civil and military authorities of that city seeking interagency support for the eradication of the Aedes aegypti mosquito which transmits the disease in its larval stage.

Umana Erazo said that about 30,000 San Pedro Sula primary school children will comb the city picking up cans, tires and any other receptacles with stagnant water which is the medium in which the vector develops.

The committee requested the city's inhabitants to provide motorized groups to facilitate the transportation of the school brigades.

9204
CSO: 5400/2201

BRIEFS

TUBERCULOSIS PROBLEM SERIOUS--Alberto Guzman, head of the Epidemiologic Division of the Ministry of Public Health and Social Welfare has reported that the tuberculosis problem in Honduras in very serious since the Ministry's statistics indicate that about 1,500 persons are afflicted yearly. The most unfortunate feature of this disease is that it usually strikes the groups who are most productive, especially men, which weakens the economy of several sectors of the country. The Ministry of Public Health has medications to treat the disease. However, the patients only come to the health centers when the disease has reached its most critical stage. Besides, lack of cooperation between the various communities contributes to deaths from tuberculosis since neither the relatives, friends or even the patient go to the health centers for check-ups. Guzman said, "Therefore, the ministry has informed the various communication media that persons who cough up sputum should go to the various health units of the nation for appropriate tests to diagnose the illness." [Text] [Tegucigalpa LA TRIBUNA in Spanish 10 Jul 82 p 3] 9204

CSO: 5400/2201

SHORTCOMINGS IN NATIONAL MALARIA PROGRAM SCORED

Calcutta THE STATESMAN in English 20 Aug 82 p 8

[Editorial]

[Text] Though anti-malaria measures are said to account for 40 percent of the national health budget and more than Rs 250 crores have reportedly been spent in the past 20 years on combating the disease, there were 12 lakh more malaria cases in the country last year than there had been a decade ago. A Calcutta-based survey has shown a steady increase in the incidence of the disease in the city from under 300 cases in 1973 to over 6,600 cases in 1981. While over 200 million people are estimated to be exposed to the threat, the National Malaria Eradication Programme continues to be afflicted by organizational and administrative shortcomings and a lack of a clear-cut policy regarding the use of insecticides. In the mid-seventies the use of DDT was discontinued after a World Health Organization survey showed that not only had the malarial parasite developed resistance to it but prolonged use of the insecticide could also create human health hazards. But the ban was never really effective, even though another non-toxic insecticide, Malathion, had been developed to replace DDT. A substantial public investment was made to produce the new insecticide, but the units making it are in the doldrums apparently owing to a lack of demand.

To bypass the insecticide problem and to provide a new initiative in the campaign against malaria, some experts are trying to shift the emphasis to a biological method of control. In one experiment a particular type of fish known to feed on mosquito larvae were released in surface drains and tanks in a Calcutta suburb. Though after three months a "significant" decrease of larvae was noted, officials concede that this method, though helpful, is by itself not enough to eradicate or even control the disease. A more ambitious project undertaken by the Vector Control Research Centre in Pondicherry involves a "microbial insecticide" based on a bacillus first isolated in Israel some years ago. Indian scientists are said to have developed an indigenous strain which initial tests have shown is deadly for larvae which feed on it. The Department of Environment has reportedly given its clearance for extensive field tests to be carried out with the bacillus and the Tamil Nadu Government has been approached to provide a suitable site. Though it is too early to say how effective it will eventually prove, the new "biocide" may have both economic and ecological advantages over traditional insecticides.

CSO: 5400/7107

BRIEFS

ENCEPHALITIS REPORTED IN WEST INDIA--Panaji, (Goa, Western India), Friday--The deadly disease of Encephalitis fever has taken a toll of 14 lives in Goa, according to the official figures released here last night. Goa's Chief Minister, Mr Pratapsinh Rane told pressmen here on Wednesday that the deaths announced are from June this year. There was no death during this week. Due to the general panic created by the rumours, people have stopped eating meat and fish with the result there is a glut of these perishable articles in the markets all over Goa. Experts from the National Institute of Virology, Pune, who have come to Goa are yet to submit their reports. They have taken samples of blood and spinal fluid of the persons suspected of having the fever. (PTI) [Text] [Colombo DAILY NEWS in English 21 Aug 82 p 7]

VIRAL FEVER EPIDEMIC--The Capital is in the grip of an epidemic of viral fever, reports PTI. For the last two weeks the virus has been sweeping the city afflicting children and the grown-ups alike. Schools have reported decreased attendance by children and teachers. Private doctors and out-patient wards in city hospitals are flooded with viral cases. Whole families are down with the viral fever, according to Prof O.P. Ghai, chief paediatrician of the All-India Institute of Medical Sciences hospital. A South Delhi private clinic said that 80 percent of the cases attending the clinic are suffering from the viral fever. Symptoms of the disease are high fever, stomach discomfort and body pain. According to Prof Ghai, the fever is self-limiting and antibiotics are of little help. The virus has so far not been identified and doctors are not sure if it is a flu virus. The cause of the virus is not known but one doctor said it might be due to the weather condition. [Text] [New Delhi PATRIOT in English 24 Aug 82 p 10]

CSO: 5400/7108

BRIEFS

TYPHOID CASES--Four cases of typhoid have been reported and confirmed in southern Trelawny. This was disclosed at yesterday's meeting of the Trelawny parish council by the chairman of the water committee, who said that the reason for the appearance of the disease in that area was due to the lack of proper water distribution. [FL101758 Kingston Domestic Service in English 1000 GMT 10 Sep 82]

CSO: 5400/2217

BRIEFS

POLIO VACCINATIONS--RUMPHI, Sunday--OVER 3,000 children under the age of five years received anti-polio vaccines during a three-month immunisation campaign conducted in the district here. The first phase of the campaign, which started early May in Rumphi, ended last week and listed 3,306 children as having been vaccinated against the disease. Rumphi Hospital officials here said that a 75 per cent vaccination record had been achieved during the campaign although only a little over 1,000 children were yet to be immunised against polio in the district. The officials, however, observed lack of adequate publicity in some areas contributed to a 50 per cent turn-up of children for vaccination instead of more. [Text] [Blantyre DAILY TIMES in English 9 Aug 82 p 3]

CSO: 5400/5758

DENGUE FEVER REPORTED IN ALL STATES

New Cases Reported

Kuala Lumpur NEW STRAITS TIMES in English 31 Aug 82 p 3

[Excerpt]

KUALA LUMPUR, Mon. — Forty-five new cases of dengue fever were reported today, bringing the total number to 2,194 throughout the country since the outbreak of the disease.

A Health Ministry spokesman said 11 of the new cases were dengue haemorrhagic fever cases.

In Petaling Jaya, a total of 32 houseowners have been prosecuted in court by the Municipal Council for allowing aedes mosquitoes to breed in their compounds.

All of them were convicted and fined a total of $2,940.

The council also booked 409 others whose offences were compounded on payment of fines from $50 to $100 each.

Compound fines collected by the council so far totalled $11,055.

This action follows the tough stand adopted by the council in its anti-dengue drive.

"The council takes a very serious view of dengue and will not tolerate houseowners who fail to rid their compounds of receptacles which can serve as breeding places for the aedes mosquitoes," the council's assistant public relations officer, Cik Norshidah Saabin, said.

Until last week the municipality's health officials had inspected 42,768 households, business premises and construction sites.

Control Measures

Kuala Lumpur NEW STRAITS TIMES in English 25 Aug 82 pp 1, 2

[Text]

KUALA LUMPUR, Tues. — The Health Ministry will be integrating all its units involved in combating disease-bearing insects for an all-out war against aedes mosquitoes.

Health Minister Tan Sri Chong Hon Nyan said manpower from the various units would be deployed to give more clout to the anti-dengue campaign.

He said the units now carrying on their work of fighting malaria and other virus-bearing insects would come together to put a halt to the current dengue epidemic.

Tan Sri Chong said these units would however, not neglect their normal routine in combating the other diseases.

Tan Sri Chong was speaking at the opening of the emergency meeting of the National Epidemic Committee at the Health Ministry this afternoon.

He hoped the meeting did not give the public cause for alarm as it was only meant to review all anti-dengue activities in all States. "We need to see if we have to change our tactics."

He said one reason for the astonishingly high number of dengue cases reported this year was an increased awareness amongst members of the public with regard to the disease's symptoms.

"They go to hospitals immediately for treatment if they suspect dengue," he said.

This year chalked up the largest number of dengue fever and DHF cases since 1974 — the year of the last epidemic.

The latest figures compiled by the ministry indicate 1,828 cases were reported this year. This is in comparison with 1,482 reported for the whole of 1974 which included 104 deaths all due to DHF.

The number of deaths recorded in the current dengue epidemic stands at 30.

Almost all the deaths this year were due to DHF although the largest number of cases reported were dengue fever cases.

Tan Sri Chong said the development of a vaccine to immunise people against DHF or dengue fever is still in the early stages.

A certain type of vaccine has been tested but while it appeared effective, the findings were not conclusive.

The Institute of Medical Research and the World Health Organisation are both researching the prevention and treatment of the disease with vaccine and drugs.

Tan Sri Chong said patients could right now only be given supportive treatment such as bed rest and careful observation of their symptoms.

Paracetamol is given for pain and fever while bleeding or shock is treated with intravenous fluid or blood transfusion.

"The only way you can get rid of the disease is to get rid of every mosquito in the country," Tan Sri Chong said.

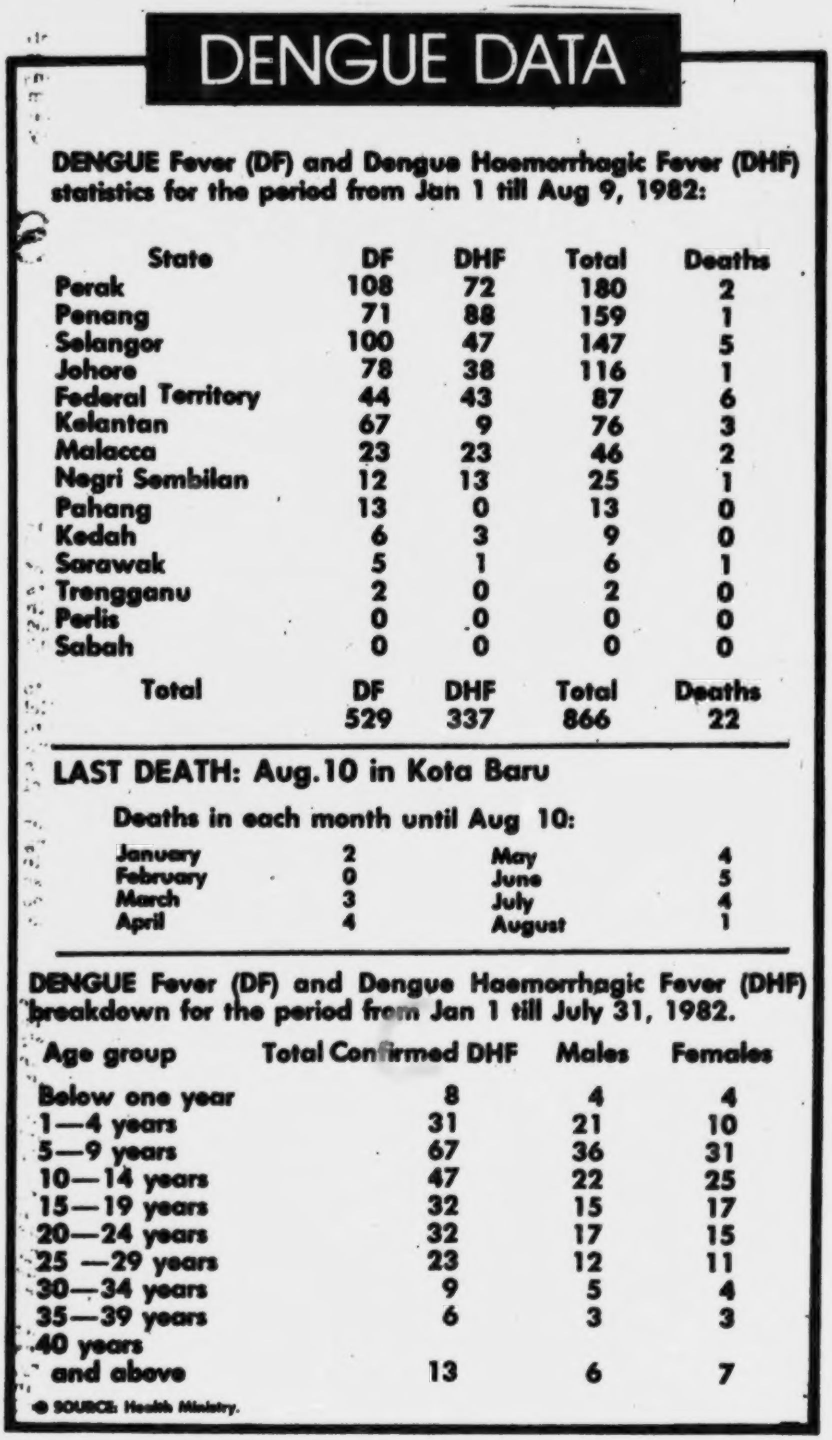
"It is a tropical disease, something that happens every year and has always been with us," he said.

Today's meeting was chaired by the Director-General of Health and Medical Services, Datuk Haji Abdul Talib Latiff. It was attended by representatives from various ministries, City Hall and heads of various departments in the Health Ministry.

Health Ministry Data

Kuala Lumpur NEW STRAITS TIMES in English 11 Aug 82 p 5

[Text]



DENGUE DATA

DENGUE Fever (DF) and Dengue Haemorrhagic Fever (DHF) statistics for the period from Jan 1 till Aug 9, 1982:

State	DF	DHF	Total	Deaths
Perak	108	72	180	2
Penang	71	88	159	1
Selangor	100	47	147	5
Johore	78	38	116	1
Federal Territory	44	43	87	6
Kelantan	67	9	76	3
Malacca	23	23	46	2
Negri Sembilan	12	13	25	1
Pahang	13	0	13	0
Kedah	6	3	9	0
Sarawak	5	1	6	1
Trengganu	2	0	2	0
Perlis	0	0	0	0
Sabah	0	0	0	0
Total	DF 529	DHF 337	Total 866	Deaths 22

LAST DEATH: Aug.10 in Kota Baru

Deaths in each month until Aug 10:

January	2	May	4
February	0	June	5
March	3	July	4
April	4	August	1

DENGUE Fever (DF) and Dengue Haemorrhagic Fever (DHF) breakdown for the period from Jan 1 till July 31, 1982.

Age group	Total Confirmed DHF	Males	Females
Below one year	8	4	4
1—4 years	31	21	10
5—9 years	67	36	31
10—14 years	47	22	25
15—19 years	32	15	17
20—24 years	32	17	15
25 —29 years	23	12	11
30—34 years	9	5	4
35—39 years	6	3	3
40 years and above	13	6	7

● SOURCE: Health Ministry.

CSO: 5400/8432

SEREMBAN AREA DECLARED CHOLERA-INFECTED

Kuala Lumpur NEW STRAITS TIMES in English 4 Aug 82 p 16

[Text]

SEREMBAN, Tues. — Seremban has been declared a cholera-infected area following the death of an 89-year-old man who was suspected of having contracted the disease.

Deputy State Medical and Health Director Dr Abdul Hamid bin Abdul Kadir advised residents to boil their drinking water, not to eat uncovered food, and to keep their compounds clean.

The suspected cholera victim was admitted to the General Hospital here on Sunday. He died at 2 pm yesterday.

Dr Abdul Hamid advised the public to go to Government clinics immediately if they suffered from stomach pains, diarrhoea and vomitting. These are cholera symptoms.

He, however, assured the public that the situation was under control. The authorities had already taken preventive measures since the first reported case in Jempol last week.

All health centres in the State have been directed to steps to prevent the disease from spreading.

Dr Abdul Hamid said three women who were admitted to the Kuala Pilah hospital recently because of suspected cholera had been discharged.

Dr Abdul Hamid also, said 21 dengue cases had been reported so far this year. Last year's figure was 28.

This year's cases were detected in Rembau and Seremban. The most recent one was that of a child from here, Dr Abdul Hamid said.

The child was admitted to hospital during the fasting month but was discharged before Hari Raya Puasa.

Dr Abdul Hamid said 27,734 houses in the State had been fumigated up to june this year.

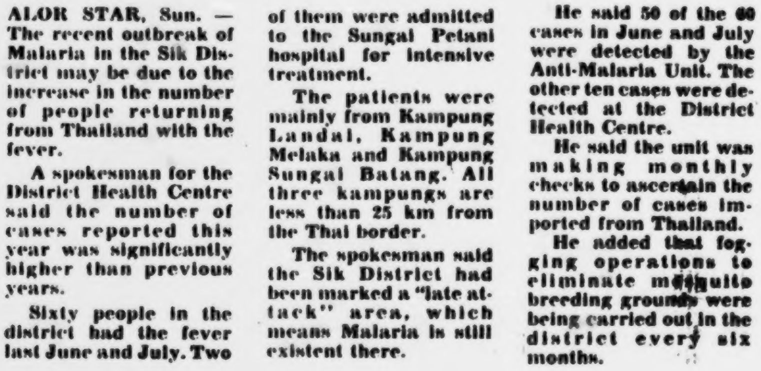
Of this figure, 265 houses were found to have mosquito-breeding places. - Bernama.

CSO: 5400/8433

TRAVELERS MAY HAVE BROUGHT MALARIA FROM THAILAND

Kuala Lumpur NEW STRAITS TIMES in English 16 Aug 82 p 10

[Text]



ALOR STAR, Sun. — The recent outbreak of Malaria in the Sik District may be due to the increase in the number of people returning from Thailand with the fever.

A spokesman for the District Health Centre said the number of cases reported this year was significantly higher than previous years.

Sixty people in the district had the fever last June and July. Two of them were admitted to the Sungai Petani hospital for intensive treatment.

The patients were mainly from Kampung Landai, Kampung Melaka and Kampung Sungai Batang. All three kampungs are less than 25 km from the Thai border.

The spokesman said the Sik District had been marked a "late attack" area, which means Malaria is still existent there.

He said 50 of the 60 cases in June and July were detected by the Anti-Malaria Unit. The other ten cases were detected at the District Health Centre.

He said the unit was making monthly checks to ascertain the number of cases imported from Thailand.

He added that fogging operations to eliminate mosquito breeding grounds were being carried out in the district every six months.

CSO: 5400/8433

BRIEFS

DENGUE TOLL--Forty-three new dengue cases were reported throughout the country on 3 September, bringing the total number of the cases since the outbreak to 2,342. The death toll remained at 22. [BK041203 Kuala Lumpur Domestic Service in English 1130 GMT 3 Sep 82] According to the Health Ministry, 36 new dengue cases, including four dengue hemorrhagic cases, were reported on 4 September, bringing the total number to 2,377. [numbers as heard] [BK041203 Kuala Lumpur Domestic Service in English 1130 GMT 4 Sep 82]

CSO: 5400/5786

BRIEFS

MORELOS RABIES CASES--Cuernavaca, Mor., 15 August--Jose Guadalupe Jimenez, a child, has died of rabies. At the same time Fortunata and Maria Guadalupe Mendoza Samano, who are sisters, are in danger of dying as a result of attacks by dogs on the loose in the town of Jiutepec. The director of the Cuautla Civilian Hospital, Alberto Mora Gutierrez, said that 11-year old Jose Guadalupe Jimenez died last night as a result of an attack by rabid dogs on the 3rd, on Libertad Street, in the Gabriel Tepepa settlement. The mayor of Jiutepec, Pedro Rodriguez Sanchez, reported that the Fortunata and Maria Guadalupe Mendoza Samano sisters are suffering from rabies. He added that the latter were bitten this past Friday on November 20 Street. He said that Fortunata and Maria Guadalupe were hospitalized in the infirmary of the SSA [Secretariat of Health and Assistance], as was also 24-year old Evangelina Lozano, a nurse who was attacked by the children while she was trying to help them. [Text of article by Pablo Castaneda, EXCELSIOR correspondent] [Mexico City EXCELSIOR in Spanish 16 Aug 82 p 10-D] 8255

GUATEMALA-LINKED TABASCO MALARIA--Villahermosa, Tab., 30 Jul --Seven hundred and fifty-three cases of malaria have been detected in the area up to 17 July, said engineer Jose Guadalupe Castro Aviles, chief of Zone 02 of the National Commission for the Eradication of Malaria. Ninety percent of the cases were in the towns of Tenosique, Emiliano Zapata, and Balancam, but he indicated that the persons who have already been afflicted do not present any danger now. The towns that are most affected are near the Guatemala border, where there is illegal migratory traffic of Central Americans to Mexico and those who are infected and enter Mexico spread malaria there. Castro Aviles said that Guatemala is the country that is most afflicted with that disease, because there are many breeding places of the "Anofeles" mosquito there. [Text of article by Jorge Gonzalez Valdes, EXCELSIOR correspondent] [Mexico City EXCELSIOR in Spanish 31 Jul 82 p 33-A] 8255

CSO: 5400/2204

BRIEFS

VACCINATION CAMPAIGN RUMORS--The head of preventive medicine at the Manjacaze District Hospital, informed our correspondent, Salvador Chibuntane, that the Enlarged Vaccination Campaign (PAV) was successful in the Manjacaze District, Gaza Province, having reached more than half of the established annual target for triple vaccines and BCG [Bacillus Calmette Guerin]. According to this authority efforts to meet goals for vaccination against tetanus are being endangered this year because only workmen, 1st year students and pregnant women have been vaccinated. Rumormongers, who prevented the concentration of the people even in the common settlements, aggravated this situation. As to prenatal consultations, they exceeded the target because of the clear understanding of the people who, for the most part, now realize the importance of mother-infant care. In conclusion, Salvador Chibuntane highlighted the operation carried out in combating malaria and in the sanitation of the locale, and added that, despite the lack of annual objectives, the work was successful in the entire Manjacaze District. [Excerpt] [Maputo NOTICIAS in Portuguese 12 Aug 82 p 3] 8870

CSO: 5400/5757

BRIEFS

GASTROENTERITIS DEATHS REPORTED--Thirteen persons have died in Thangdare village of Rasuwa district, of a disease characterized by pain in the and back and gastroenteritis. The Health Ministry sent a two-member medical team and medicines to the affected village by helicopter yesterday RP, Member Layul Tamang has stated. [Text] [Kathmandu THE MOTHERLAND in English 28 Aug 82 p 1]

ENCEPHALITIS EMERGES AGAIN--Birgunj (RSS)--Encephalitis has surfaced again in Birgunj and surrounding areas. Out of eight persons hospitalised for encephalitis since last month, three have died, two are still under treatment and three have returned home, it is learnt from Narayani zonal hospital. Encephalitis which assumed alarming proportions since the past three or four years leaves some part or the other of the body permanently affected even if the patient is cured, according to the doctors. The need for treatment facilities as well as maintenance of cleanliness by the administration, panchas, public organisations and citizens to pre-empt the disease is widely felt. The disease spreads through mosquitos breeding on garbage which have bitten pigs or ducks, it is learnt. The local town panchayat has alerted ward members and town assembly members to the need for cleanliness in the areas. [Text] [Kathmandu THE RISING NEPAL in English 29 Aug 82 pp 1, 6]

CSO: 5400/5773

SIND GOVERNOR INAUGURATES HOSPITAL; PLEDGES MORE HEALTH FACILITIES

Karachi MORNING NEWS in English 1 Sep 82 pp 1, 8

[Text] Sind Governor Lt-Gen S.M. Abbasi said here yesterday that it was the sincere desire of the Government to set up network of hospitals in the province.

Inaugurating a modern 125-bed Sind Government Hospital in Liaquatabad, the Governor said that the Government was aware of the health requirements of the people and added that it (the Government) would leave no stone unturned in providing the health facilities to them and the preference would be given to far-flung areas and the areas which were neglected in the past.

The Governor called upon the philanthropists and social welfare organisations to come forward to help in collaborating with the Government in setting up hospitals to mitigate the sufferings of the masses. He announced that free land would be given to those organisations which would set up hospitals and clinics in the far-flung areas and backward areas of the province on no-profit no-loss basis. The Government had already waved off dury on the import of medical equipment, the Governor added.

Lt-Gen Abbasi said that President General Mohammad Zia-ul-Haq was very keen to help solve the city problems and in this connection the Governor added that the President had granted Rs 50 million for the completion of Lyari General Hospital. Half of the amount had already been received while the remaining amount was expected in the current financial year. With this grant the work of the hospital had progressed well, he added.

The Governor regretted that the previous regime did not give attention to fulfil the health requirement of the inhabitants of Liaquatabad. He hoped that with the opening of Sind Government Hospital the residents of Liaquatabad and its adjoining areas would be benefited.

Medical Board

Referring to the medical board of Civil Hospital comprising public representatives set up recently by the provincial Health Department, the Governor said this sort of boards would help bring improvement in the working of hospitals. He said that the public participation was very much essential as it could pinpoint the shortcomings and could also check the short supply of medicines and pilferage of drugs in hospitals.

Welcoming the Governor, the Sind Health Minister Syed Ahad Yousuf said the health sector had been given top priority in planning of development projects in the province.

He said that 40 Government health institutions were available in Karachi which consisted of 2,167 beds. He said that 14 rural health centres were set up in rural areas on priority basis during 1978-89 and 1981-82.

The Minister said Rs 9.7 million had been allocated in the current ADP for another 16 health projects for Karachi alone. Mr Yousuf said the new Liaquatabad hospital was a gift to the inhabitants of Liaquatabad by the present regime.

He said that special attention had been given to the medical colleges of the province and all the vacant vacancies of Assistant Professors were filled in and 18 Assistant Professors were promoted to Associate Professors. Eleven senior doctors were promoted to Grade 19 during 1978-79 and 1981-82, the Minister added.

The inauguration ceremony was attended, among others, by the provincial Ministers Begum Tazeen Faridi, Syed Ghous Ali Shah, Mr Dost Mohammad Faizi, Mr Ghulam Mohammad Mahar, Chief Secretary Masuduzzaman, Commissioner Karachi, M.M. Usmani, members of Majlis-i-Shoora Zahoorul Hasan Bhopali and Hafiz Mohammad Taqi, Deputy Mayor Karachi, Umer Yousuf Deda and member provincial council Khanum Gauhar Ejaj.

CSO: 5400/5774

PROMOTION OF HARMFUL MEDICINES BY FOREIGN COMPANIES CRITICIZED

Karachi DAWN in English 20 Aug 82 p 9

[Editorial]

[Text] WITH the Third World offering an 8.3 billion dollar annual market for drugs, and pharmaceutical companies in the developed countries supplying almost 90 per cent of these, it is no wonder that some alarm has been caused in recent years by the practices which prevail in this trade. There are several specific factors which are cause for alarm, but the most serious charges are those which relate to these companies' marketing and promotion of medicines which are not appropriate — many are harmful and have been so declared by some countries. One recent report, for instance, made the allegation that 75 per cent of all anti-diarrhoeal drugs sold in the Third World should be classified as 'undesirable preparations'. It is these very drugs that have recently brought the matter to the limelight in this country. The Karachi branch of the Pakistan Medical Association and the College of Family Physicians claimed that clioquinol, a drug used in three anti-diarrhoeal medicines — Entero-vioform, Mexaform and Entox — sold here was harmful, basing their arguments on actions taken against the drug in the United States and Japan. To this the Federal Health Ministry replied that it was aware of the allegations and was collecting data on it, as well as eliciting opinion within the country.

The concern displayed by the medical associations and the Ministry would have been welcome had it not been for the fact that it comes very late in the day. Medical Associations may have expressed concern earlier but they were quite manifestly unable to do anything to bring this drug under critical scrutiny in the country, although Japan banned the drug four years ago and it is said to have been withdrawn from the US market a decade ago. In the meantime it continues to be on the market here and in many other developing countries. This, incidentally, is not the only drug which has been declared unsafe by some advanced countries and which continues to be sold and prescribed here by doctors. There are some that we know of and there must be many more of which we are unaware. Also to be considered are the medicines and tonics on the market of indigenous origin, some manufactured by well known concerns. There is every possibility that some may be useless, harmful or have undesirable side effects.

Both the medical profession and the Health Ministry will have to be more alert and active where drugs are concerned in order to protect the people. As far as the main body of the medical profession goes — and it is concerned mainly with the products of multinational pharmaceutical companies — it should form a group, associated with PMA perhaps, to monitor the 'performance' of drugs. If any doubts arise, such as in the case of clioquinol, experts here should assess how serious these doubts are and, if there is a possibility that a drug may be harmful, take up the matter with the Health Ministry. Pending an official decision, all medical practitioners should be advised to avoid prescribing the drug which, unfortunately, is not the case at the moment since even highly suspect preparations are prescribed. The Health Ministry on its part should display a greater degree of responsiveness than has been evident so far. Formal complaints by the medical profession should be scrutinised rapidly and action taken. It will also help if the Ministry sets up its own group to monitor international medical opinion about drugs, and to take a closer look at indigenous patent medicines and tonics.

CSO: 5400/5765

BRIEFS

BOARD FOR POOR PATIENTS--Larkana, Aug 30--A board is being set up by the Social Welfare Department who will make arrangements to send poor patients to foreign countries for treatment. The Board will be headed by Governor Sind and members will be nominated from Social Welfare and Education Department. Three prominent citizens will also be members of the Board. The Board, after making necessary inquiries, will direct only those patients for treatment abroad who have no financial resources to do so.--PPI [Text] [Karachi DAWN in English 31 Aug 82 p 4]

CSO: 5400/5774

PEOPLE'S REPUBLIC OF CHINA

SURVEILLANCE OF RURAL MEASLES FOLLOWING SCHEDULED IMMUNIZATION

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 1, 10 Feb 82 pp 1-3

[Article by: Liu Baocheng, Chu Jingui et al.: "Surveillance of Rural Measles Following Scheduled Immunization"]

[Summary] Since measles vaccine was introduced and popularly administered in the 1960s, cases of measles decreased on a large scale. In 1979, HINMAN et al. of the USA even suggested the possibility of total elimination of measles by 1982. In 1974-80, a program of immunizing all the 126,627 children under 15 years of age in Fengren County was carried out by the authors. Each year, sample specimens were taken from the vaccinated children for serological and immunological examinations. In 1976-77, the HI antibody positive rate was greater than 90 percent, the GMRT was greater than 10, and there was not a single case of measles in the entire county. In 1978-79, the HI antibody positive rate was less than 90 percent, the GMRT was somewhat lower, and there were a few cases of measles. The rate of children in this age group who had had measles was reduced from the 43.6 percent of 1975 to the 24.5 percent of 1981. Those who had not been sick with measles was increased from the 72.4 percent of 1974 to the 99.8 percent of 1980. The vaccine used in this program, Jing-55, produced by Beijing Research Institute of Biological Products, is relatively weak and its immunization effect does not last very long. Complete elimination of measles through simply immunizing a very high percentage of the susceptible population with this vaccine obviously cannot be accomplished. Continuously improving the immunity level of the population, preventing measles cases from entering measles-free areas, and adopting timely and effective measures whenever incidences occur will still be necessary to strengthen surveillance and control measles.

6284
CSO: 5400/4018

IMMUNITY AGAINST DIPHTHERIA IN GUANGXI SURVEYED

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 1, 10 Feb 82 pp 12-15

[Article by: Yang Honghui, Zheng Dewen, et al.: "A Survey of Immune Level Against Diphtheria in Guangxi Province"]

[Summary] For the purpose of understanding the immune level against diphtheria of the population of all of Guangxi in order to formulate a reasonable immunization plan, the epidemic prevention stations of the various prefectures, cities, and counties of the entire autonomous region organized Schick tests for groups of children aged 6 months to 17 years. About 30 children of each age group, 500 of each county, and 1,000 from each city were tested. In 1977, 45,413 children of the various age groups and places were tested; in 1978, 44,050 children were tested. The positive rate varied from 16.6 percent of Qinzhou to 27.8 percent of Wuzhou in 1977 and 20.4 percent in Baise to 14.1 percent in Wuzhou in 1978. No obvious difference between children of Zhuang Nationality and those of Han Nationality was detected. The relationship between the positive rate and the quality of past immunization programs is discussed.

6248
CSO: 5400/4018

OUTBREAK OF BRUCELLOSIS IN HEILONGJIANG

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 1, 10 Feb 82 pp 25-29

[Article by: Wang Jielu, Song Guimei, et al.: "An Outbreak of Brucellosis: Its Local Occurrence and Analysis"]

[Summary] In March-April 1980, there was an outbreak of brucellosis in the Production Team No 5 of Qingkenpao Commune, Anda County, Heilongjiang Province. There are 92 households, 255 sheep, 164 pigs, 57 horses, and 5 oxen in the team. Of the 255 sheep examined, 81 were positive, amounting to 31.76 percent; of the 343 persons examined (70.43 percent of the total population), 51 persons were found to be infected, amounting to 14.87 percent. Of these, 42 persons actually became sick, more of them adult males than adult females. The production team members have not been immunized against brucellosis in almost 10 years; therefore, they are easily susceptible to the disease. Symptoms of the sick persons are described.

6248
CSO: 5400/4018

DISTRIBUTION OF CLONORCHIS SINENSIS INFECTION

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 1, 10 Feb 82 pp 38-41

[Article by: Chen Zuze, Liu Yuquing, et al.: "Survey of Clonorchis Sinensis Infection in 22 Counties and Municipalities of Guangdong Province"]

[Summary] In 1956, a large quantity of eggs of Clonorchis sinensis were found in the feces of the dried out corpses unearthed from a Ming Dynasty tomb in the eastern suburb of Guangzhou City; the burial was in 1513. Obviously, clonorchiasis has had at least 400+ years of history in Guangdong Province. In May-December 1980, the authors carried out a survey of this disease to clarify its distribution condition. A total of 16,579 persons of 22 counties (municipalities) were examined. Three of these, Zijin, Enping, and Conghua, were found to be free of this disease. Among the inhabitants of the remaining 19 counties, the rate of infection was found to be 0.4-47.4 percent, involving all age groups, more severe among adult males. The first intermediate hosts were found to be two species of snails, Parafossarulus striatulus and Alocinma longicornis, with average rate of infection of 1.08 and 1.43 percent, respectively. Secondary intermediate hosts include 7 of the 20 species of freshwater fish [domesticated] with rates of infection varying from 40.1 to 0.5 percent. The rates of infection of cats and dogs were 47.2 and 23.7 percent respectively. Symptoms of the victims are described.

6248
CSO: 5400/4018

PARALYTIC COMPLICATIONS FOLLOWING POLIOMYELITIS SURVEYED

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 1, 10 Feb 82 pp 42-45

[Article by Du Shaoyong, Gao Zhongying, et al.: "Survey of Paralytic Complications Following Poliomyelitis"]

[Summary] Since the use of killed vaccine in 1955 and live vaccine in 1959, poliomyelitis has been quickly controlled in many countries of the world. Attenuated live vaccine began to be extended in China in 1965. Since then, the incidence of this disease has been somewhat reduced, but, judging from the country as a whole, the range of reduction, as compared with the quantity of vaccine used, remains unsatisfactory. For the purpose of clarifying the situation, Shitan Commune of Zengcheng County was selected as the target of survey. Incidence of poliomyelitis has been high in the recent decade in that commune while its overall capabilities are relatively good. The commune has an area of 80 square kilometers and the total population is 49,427 persons, with 34,081 persons 30 years of age and younger. The survey revealed 180 current victims, amounting to 5.28 percent; all are under 25 years of age. It also revealed that, in the 15 years before 1966 when the vaccination was first generally administered in that commune, there were 20 cases of poliomyelitis and, in the 15 years after 1966, there were 115 cases. Of the 160 persons who came down with the disease after 1966, 95 persons were not vaccinated (59 percent) and 21 (13 percent) did not complete the entire immunization procedure. This fact is perhaps the main reason for poliomyelitis to be not entirely controlled; yet, of these victims, 11 were administered the vaccine according to the prescribed procedure. Further study is needed to clarify the cause regarding these cases. After-effects of poliomyelitis of the 180 cases are described.

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POLIOMYELITIC INCIDENCE IN HEBEI LOWEST EVER

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 1, 10 Feb 82 pp 46-48

[Article: "Epidemiological Survey of Complications Following Poliomyelitis"]

[Summary] Since the immunization program was implemented in Hebei Province, the incidence of poliomyelitis has been obviously reduced to reach the 0.1/10,000 population in the past 2 years, the lowest in history for the province. As the disease has obviously been controlled in most areas, its general surveillance should begin now. In 1980, the authors selected the area of Shangbancheng to investigate the after-effects of the 77 cases reported from the six communes there in 1970-78. There were three deaths in the group (3.9 percent). Of the 74 remaining cases, 17 had basically recovered (23 percent) in 1-2 years. By the end of 1979, 57 persons still suffered from complications, all belonging to the 3-10 age group. In that area, the vaccination work was poor before 1978 and there were 2 epidemic years of 1970 and 1977. Of the 77 cases, 72 were not immunized at all. The rate of recovery from paralysis of the upper limbs was 52.9 percent; that of the lower limbs only 26.4 percent.

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LIVE ORAL VACCINE FOR BACILLARY DYSENTERY

Beijing ZHONGHUA LIUXINGBINGZUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 3, 10 Jun 82 pp 129-132

[Article by Zhao Debin, Liu Mingxin, Zhang Min, Ren Shouli, Fu Bingnan and Lou Hong: "Field Trial of Live Oral Vaccine for Bacillary Dysentery"]

[Summary] In the past 20 years, there have been several attempts to use live vaccine to control epidemics of bacillary dysentery but the results indicate that only the vaccine, SmD, produces a relatively good effect. In 1976-77, 78, and 79, the authors carried out continuous experiments of 3 years to determine whether, under the condition of not taking streptomycin, an antidysentery barrier may be established by the oral administration of three relatively small doses of Fib or F2a SmD, with one reinforcing dose a year later. Results of the study indicate that protection against bacillary dysentery may be obtained for 3 months with Fib and the protection is obtained again with a single dose administered a year later. The F2a vaccine produces no effect, however. A total of 1,403 persons of three age groups participated in the immunization test, with 1,451 persons serving as the control group.

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METHODS TO REDUCE INCIDENCE OF BACILLARY DYSENTERY

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 3, 10 Jun 82 pp 133-134

[Article: "The role of Mass Detection and Treatment of Chronic Cases Before Seasonal Prevalence in Reducing Incidence of Bacillary Dysentery"]

[Summary] In 1979, a certain regiment acquired a large number of newly transferred soldiers, in which some had a history of bacillary dysentery. In cooperation with the regimental epidemic prevention institute, the team carried out a survey of 4118 of two companies to proceed with timely isolation, treatment, and transfer of the positive cases, which amounted to 18.25 percent. Of the positive cases, many were cooks and kitchen helpers. Another 5217 newcomers belonging to two other companies were not examined to serve as the control. In the following year, the incidence of bacillary dysentery in the surveyed companies was 5.1 percent; and it was 13.8 percent in the control companies. A general survey and detection, isolation, and treatment of chronic cases appears to be an effective method for reducing the incidence of bacillary dysentery.

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HEPATITIS OUTBREAK IN GUANGXI SCHOOL

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 2, 10 Apr 82 pp 80-83

[Article by Ding Zhongshi, Feng Yaoquan and Zhou Zhiti: "An Outbreak of Waterborne Infection by Viral Hepatitis A"]

[Summary] In August-September 1980, there was an outbreak of hepatitis in the Guilin Cadre School of Guangxi; most patients suffered from jaundice. Data of clinical diagnosis and epidemiological survey confirmed it to be an epidemic of viral hepatitis A. The epidemic started suddenly, involving 51.3 percent of elementary school students, 11.6 percent of trainees, 11.0 percent of soldiers, and 1.2 percent administrators. The outbreak had two peaks, about 1 month apart, and lasting about 10 days each. Contamination of the well water, the source of drinking water for the school, was found to be the cause of the epidemic, as other causes were investigated and excluded. The clinical characteristics of the epidemic, the serological diagnoses of the cases, etc. are reported.

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DISTRIBUTION OF VIRAL HEPATITIS B INFECTION IN GUANGXI

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 2, 10 Apr 82 pp 84-87

[Article: "Distribution of Viral Hepatitis B Infection in Guangxi"]

[Summary] The public health and epidemic prevention stations of all levels were organized in 1979 to carry out a survey in the cities and counties of Nanning, Liuzhou, Guilin, Wuzhou, Lipu, Yangsu, Huanyang, Longan, Mashan, and Guixian and in 1980 in Longan, Yulin, Rongxian, Pingnan, Xincheng, Congwu, and Luocheng to clarify the condition of viral hepatitis B infection. A total of 35,041 persons were examined to disclose a HBsAg positive rate of 13.4 percent, higher than domestic reports of other regions, and even higher than Greenland, a well-known high incidence region. The HBsAg positive rate of males is about 50 percent higher than females in the surveyed areas; the difference seems to be related to the age group. The positive rate is the highest among boys of the age group of 0-4 years, amounting to 20.3 percent.

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PEOPLE'S REPUBLIC OF CHINA

INCIDENCE OF HEPATITIS B VIRAL INFECTIONS IN SHANGHAI FACTORIES

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 3, 10 Jun 82 pp 147-149

[Article by Zhang Xiaozhi, Wu Shanming, and Yao Fufang: "Investigation of Incidences of Hepatitis B Viral Infections Among Populations of Seven Factories in Shanghai"]

[Summary] From April 1978 to September 1979, the hospital examined 1,540 workers of seven factories in Shanghai for HBsAg, anti-HBs, and anti-HBc, to clarify the condition of HBV infection; the included 630 workers of Shanghai Medical Instrument Company, 360 workers of Shanghai Medical-Use Optical Instrument Plan, 290 workers of Shanghai Electronic Tube Plant No 4, and 260 workers of Dongfang Measurement Instrument Plant. They varied in age between 17 and 79; six of them were in isolation after being diagnosed for hepatitis. The examinations revealed 422 positive cases; i.e., there was a 27.4 percent rate of HBV infection: 201 cases of positive anti-HBs (13.1 percent), 186 cases of positive anti-HBc (12.1 percent) and 161 cases of positive HBsAg (10.5 percent). In terms of past HBV history, 81 persons had suffered from hepatitis previously (5.3 percent), 62 persons had had close contact with other hepatitis victims (4.0 percent), 25 persons had idiopathic liver diseases about 1960 (1.6 percent), 11 persons suffered from GPT increase without other liver or physical symptoms (.7 percent) and 12 persons had received blood transfusion.

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OUTBREAK OF HEPATITIS A IN RURAL VILLAGE STUDIED

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 3, 10 Jun 82 pp 150-152

[Article by Tan Chunhua, Zhu Chun, et al.: "Etiologic Studies and Serologic Surveillance of an Outbreak of Hepatitis A Infection in a Rural Village"]

[Summary] There was an outbreak of Hepatitis A in Dayangxi Brigade, a suburb of Baoding City, Hebei Province. There were 276 households in the village with a total population of 1,302 persons. From January to July 1980, there were a few scattered cases; in August and September the incidence rose suddenly to 21 cases in August and 19 cases in September and, by the end of October, the epidemic ended with a total incidence of 58 cases, amounting to a rate of 4454.69/100,000. Of the victims, 84.50 percent belonged to the 2-6 year age group. The incubation period of this epidemic was 2-5 weeks. Feces of victims were collected for 3-5 consecutive days and feces of those having close contact with the victims were collected 12 days prior to the onset of the disease to 5 days afterwards. A total of 17 sets of specimens were thus obtained, 6 sets from those having close contact with victims and 11 sets from acute victims. Serological specimens were collected from 13 victims, in 63- to 114-day intervals between the acute stage and the recovery stage. Two methods, IAHA and SPRIA, were used to extract hepatitis A antigen from the feces specimens, which are at present the only source of the antigen in China. The antigen was used to determine the hepatitis A antibody level of 645 healthy persons in the area of the epidemic. The result of the investigation reveals the serious and general characteristic of hepatitis A infection in the rural villages of Hebei Province; the positive hepatitis A antibody rate was 87.90 percent (567/645). An improvement of the condition of hygiene is the basic measure to control hepatitis A. Serological surveillance of young children is suggested.

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DISEASES DUE TO FASCIOLA HEPATICA IN BEIJING AREA

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 3, 10 Jun 82 pp 153-156

[Article: "Survey of Diseases due to Fasciola Hepatica in Beijing Area"]

[Summary] According to present understanding, liver fluke, Fasciola hepatica, infections exist in various degrees in 22 provinces and cities of China. Examination of feces of 299 persons of Maizhuang Brigade of Beijing in 1975 revealed a 14.7 percent positive rate. By the end of 1978, 811,520 persons were examined all over the city and 11,726 detected cases were treated. First intermediate hosts were found to be three species of the seven species of freshwater snails in the Beijing area. Of the 74 types of freshwater fishes, 22 species have been found to be infected with liver fluke. In the initial stage of the disease, most patients have no symptoms and, when the disease progresses to a severe stage, it becomes very difficult to cure. A simple yet very specific diagnostic technique to screen out mild cases or victims of recent infection and the problem of recurrence after satisfactory treatment are subjects to be studied in the future.

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DERMATITIS IN BAODING CITY COTTON MILL

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 3, 10 Jun 82 pp 157-160

[Article by: Lu Tingsheng, Li Shouzheng and Yang Ruiqing: "205 Cases of Dermatitis Due to Ornithonyssus Bacoti Found in a Cotton Mill of Baoding City"]

[Summary] Rodent-fowl mite, Ornithonyssus bacoti, is distributed in the topic and the temperate regions of the world and is the insect vector of many infectious diseases. Dermatitis outbreaks due to bites of this mite were reported in 1946, 64, and 73 by Suzhou College of Medicine, etc. This paper reports an outbreak of 205 cases of dermatitis among the workers of Baoding City Cotton Spinning Plant. After initial analysis, it was believed that the rash was perhaps related to mites carried by the cotton but tests proved that there were no mites in the cotton. Some workers came to believe that the hexachlorocyclohexane [666] content of the cotton was to blame. Ornithonyssus bacoti mites were later found in the dust of the bathrooms and 19 of the victims. Clinical expression of Ornithonyssus dermatitis, factors contribute to seasonal outbreaks of this disease, and relatively effective treatments of the infected areas are discussed.

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PEOPLE'S REPUBLIC OF CHINA

EFFECTS OF ELEMENTS IN WATER, CEREALS ON ESOPHAGEAL CANCER DEATH RATE

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 2, 10 Apr 82 pp 91-96

[Article by Luo Xianmou, Lu Shuiming, et al.: "Correlative Studies of Contents of Chemical Elements in Drinking Water and Cereals Consumed by Fifty Communes and the Incidence of Fatality of Esophageal Cancer"

[Summary] Since 1974, the authors have carried out chemical and emission spectroscopic analyses of 686 drinking water specimens and 909 cereal specimens of 50 communes of 15 counties of high, medium, and low incidence regions of Henan Province to observe the statistical correlation between the contents of various elements of the drinking water and cereals and the fatality rate of esophageal cancer. The study has disclosed that fatality rate of esophageal cancer is in inverse proportion with the contents of Mo, Mn, Si, Zn, Fe, Ni, Mg, K, Na, P, Cl, Br, I, Co, Hg, Ba, ammonium, and bicarbonate radicals in the drinking water and the cereals and is in direct proportion with the ratio of the nitrate radical, bivariant iron, and trivalent iron. These discoveries provide an important clue for a future study on the pathogenesis and incidence f esophageal cancer and the environmental background. The possible function of the deficiency of some of these chemicals in the process of coming down with esophageal cancer is discussed.

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PATTERN OF TERTIAN MALARIA RECURRENCES IN EASTERN HENAN

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 2, 10 Apr 82 pp 65-68

[Article by Yang Bolin, Chen Junshi and Geng Zhangwen: "Pattern of Recurrences of Tertian Malaria in Eastern Henan"]

[Summary] From 4 July to 22 September 1979, the technique of 3-day administration of 2.5 g of chloroquine phosphate was adopted to treat 110 cases of acute tertian malaria in Kaifeng County of Henan Province. Follow-up examinations disclosed 54 cases of recurrence, amounting to 49.1 percent. Of these, 48 cases (88.9 percent) were clinical recurrence and 6 cases (11.1 percent) were protozonal recurrence. No obvious relationship between the recurrence and age, history of malaria in the 2 previous years, or the protozonal density before the treatment was found. From the end of treatment to the detection of protozoa in peripheral blood or to the reappearance of clinical attacks was 186 to 342 days, indicating that the incubation period of that strain of the protozoa is 8.6 ± 1.0 months. Judging from the double-peak attack curve and the form of recurrence, the local tertian malaria protozoa are believed to be the Temperate Zone type. Problems of prevention, cure, and duration of follow-ups are also discussed.

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SAUDI ARAB

BRIEFS

VACCINATION CAMPAIGN--Riyadh, Aug 5 (SPA)--A vaccination campaign against encephalitis begins here Saturday and will last until Sept 7. The vaccine is effective for one year. A Health Ministry statement said that the vaccine is compulsory for workers in the food business, hotels, restaurants, cafes, bakeries and similar businesses, as well employees of the Kingdom's air, land and naval ports, bus and taxi drivers. The vaccine will also be given to all Mutaweffs (those who lead the pilgrims in the holy places) and their representatives, officers and members of the Public Security forces, the National Guard, the Armed Forces and the Traffic Department. The order also applies to municipal workers, street sweepers and other cleanliness workers, airline crews, persons risking contamination from a sick relative and anyone asking to be vaccinated. Staff medical doctors will handle the vaccination of their employees. Vaccinations will be offered by health offices, hospitals and clinics. Special teams will visit high population areas during office hours to vaccinate whomever wishes to be immunized. Persons under 12, pregnant women, persons suffering from a chronic disease or running a high fever and those already vaccinated against encephalitis last year will not be required to receive the vaccine. [Text] [Jiddah ARAB NEWS in English 6 Aug 82 p 2]

CSO: 5400/4743

ANTI-MALARIA CAMPAIGN NEEDED

Colombo SUN in English 18 Aug 82 p 2

[Text] KURUNEGALA--A threat of Malaria epidemic and mosquito borne diseases are stated to be imminent in Kurunegala district if anti-malaria work is not carried out on an intensive scale revealed a reliable Health Department source.

'SUN' learns that several factors have contributed to this unfortunate situation which may arise sooner or later. First and foremost is the abandoning of the residual spraying programme undertaken by the Anti-Malaria Campaign due to high cost of insecticide-malathion, which costs the State Rs. 26/- a pound. Due to the high cost of fuel used in transport of spraying labourers and equipment the campaign has cancelled spraying rounds Mirgration of population from the Wanni in Galigamuwa and Maho M.O.H's areas to towns in the South, carrying the infection with them and the Anopheles mosquito serving as the carrier was another factor.

Owing to lack of funds, residual spraying with malathion in homesteads and some of the colonisation schemes have been taken up for intensive Anti-mosquito work.

A special team of Anti-Malaria Field Antomological assistance are now presently carrying out research work while Field Assistants have also been instructed to take blood films from all fever patients.

When the Anti-Malaria Campaign first started during the post independence era, rivers and streams like Maha Oya and Deduru Oya were sprayed with a thick film of oil 'with Shell Malariol to prevent breeding of mosquito larvae in river beds. This had to be given up due to prohibitive cost; but the results, 'SUN' learns were very encouraging. As an alternative, a drop of thick fluid from a tube is dripped into pools in the rivers which dry up to prevent formation of larvae.

A.M.C. authorities anticipate to exterminate the malaria carrying mosquito with minimum personnel and equipment when development needs have to be served speedily.

CSO: 5400/5761

BRIEFS

CHOLERA DEATHS IN TRINCOMALEE--Two deaths due to cholera have been reported within the last twenty-four hours from the Trincomalee Base Hospital. The two boys who died, one 7 and the other 5 years of age have drunk water from a comon well. There is an acute shortage of drinking water owing to the prolonged drought in the area [Colombo DAILY NEWS in English 2 Sep 82 p 6]

MALARIA ERADICATION CAMPAIGN CONTINUES--Sri Lanka and WHO signed an agreement in Colombo on Wednesday to continue the intensive malaria control program. Despite the significant achievement of reducing positive cases of malaria from about 262,000 in 1977 to 47,000 last year, the target of one case per thousand population (14,000 cases) by 1981 has not been reached. "The number of positive cases has been stagnating at around 47,000 per year since 1979", the Health Ministry said. The new offensive against the mosquito will cost Rs. 636 million over the next five years. The foreign cost component of Rs. 324 million will be spent mostly on insecticides. The new agreement under which WHO will provide technical assistance was signed by Dr. K. H. Notaney, WHO representative here, and External Resources Director Ronnie Weerakoon. [Colombo DAILY NEWS in English 3 Sep 82 p 1]

TUBERCULOSIS REPORTED IN COLOMBO AREA--An average of ten new TB patients are reported every month within the Dehiwala-Mt Lavinia Municipal area revealed Dr P.A.D. Perera, President CNAPT Dehiwala-Mt Lavinia branch at its 31st anniversary celebrations recently. This, Dr Perera pointed out was despite the BCG vaccine being used systematically since 1948 to eradicate this dreaded disease. He added that the incidence of TB was on the increase in the age group of 16-55, and pointed out the need for a comprehensive survey to detect potential and positive cases in a bid to arrest the disease. Colombo South Magistrate, Mr I.M. Liyanage was the Chief Guest and Deputy Mayor of Dehiwala-Mt Lavinia, Mr G.D. Perera was Guest Speaker. He also said that the Association had helped to rehabilitate affected families and make them self-supporting with satisfactory results. Mr I.M. Liyanage, Chief Guest said that there was still misconceptions in respect of that disease, for instance that it was heriditary caused by poverty, that it was incurable and so on. Such erroneous ideas could be removed through health education. He commended the Association for arranging the Schools' Poster campaign and exhibition on TB. Mr G.D. Perera, Deputy Mayor and Dr J.R. Wilson, Chairman, Executive Committee CNAPT, Colombo also spoke. A large number of students participated in the Schools' Poster Competition and exhibition. Prizes were awarded to winners by Mrs G.D. Perera. The 1st prize was awarded to Miss B. Nilmini Lilanthi Perera, of Girls' High School, Mt Lavinia, 2nd Prize to Miss Dammika Ekanayake, St Joseph's Girls' School, Nugegoda and 3rd Prize to Miss Gayani Attapattu of Holy Family Convent, Dehiwala. [Text] [Colombo THE ISLAND in English 21 Aug 82 p 2]

KATMANDU MEETING ON MALARIA CONTROL--India and Nepal are meeting in Katmandu to evolve a common strategy to control the spread of malaria in the border area. Opening a joint meeting yesterday, Nepalese Health Minister Nava Raj Subedi called for a coordinated program to eradicate the disease. The Indian delegation is led by C. V. S. Mani of the Health Ministry, and the Nepalese side is headed by its Health Director N. L. Mahthi. [Text] [BK061101 Delhi Domestic Service in English 0830 GMT 6 Sep 82]

CSO: 5400/5780

AUTHORITIES FEAR WHOOPING COUGH EPIDEMIC

Vaccination Ordered Halted

Stockholm SVENSKA DAGBLADET in Swedish 25 Aug 82 p 6

[Article by Inger Atterstam]

[Text] Despite the obvious risk of an extensive whooping cough epidemic in Sweden this fall and winter, there will be no vaccination to prevent the disease.

The Social Welfare Board again has rejected the use of whooping cough vaccination and, instead, has recommended early treatment with antibiotics and a special effort to isolate infants from other family members who have contracted the disease.

The advisory council on vaccinations of the Social Welfare Board voted unanimously not to reintroduce the whooping cough vaccination in Sweden. This was done despite widespread criticism and warnings that serious illness and even death may occur among unvaccinated infants.

Sweden is the only industrialized country that has stopped using the whooping cough vaccination. That occurred in 1979, based on the belief that the vaccine was not sufficiently effective and that it caused side effects.

Recently, many have criticized the decision to stop the vaccination. One of the most bitter critics is Per Askelof, senior microbiologist at SBL (National Bacteriological Laboratory).

"Serious Consequences"

"Unfortunately, the decision of the Social Welfare Board will have serious consequences," he said. "Experience from other countries where whooping cough vaccination has been halted shows that the risk of serious illness and even death among the youngest children increases dramatically."

He said that this decision by the Social Welfare Board will force children and families with children to suffer unnecessarily from whooping cough, which is a serious illness for the very youngest children and an illness that lingers for a long time.

The chairman of the vaccination committee of the Social Welfare Board, senior physician Ragnar Jonsell of Vanersborgs-Trollhattans General Hospital, justified the decision in the following manner.

Danger Of Side Effects

"We believe that the danger of side effects resulting from the general vaccination of small children is greater than the danger of the illness itself. The trend in Sweden in recent years has been that whooping cough now takes a milder course than previously and there is no indication that it will be different this year."

The treatment of whooping cough now recommended is the use of antibiotics, especially for infants under 1 year.

"It is important to begin antibiotic treatment as early as possible," Dr Jonsell said. If, for example, a child is infected by an older brother or sister, the parents should contact the health authorities as soon as the infant shows signs of illness, for example coughing or a head cold.

Isolation For 6 Weeks

The Social Welfare Board also recommends that families attempt to isolate children with whooping cough from infants.

"For extremely young children, a sick brother or sister should stay with someone else, for example an aunt," Dr Jonsell said. Otherwise, the children should be kept apart as much as possible. The isolation should continue at least 6 weeks, i.e. as long as the illness is contagious.

Per Askelof maintains, however, that the Social Welfare Board's hopes that a whooping cough epidemic would be mild are unfounded:

"This is the first year since the vaccination was halted that we will have an epidemic," he said. "We never have had such a large group of unvaccinated children."

Epidemic Every 4 Years

Statistically, whooping cough epidemics occur every 4 years. The most recent outbreak in Sweden was in 1978 and already experts at SBL have noted an increase in the number of cases of whooping cough.

The number of cases in July this year was twice the number in July 1981. Whooping cough is an extremely persistent disease and causes children to miss many days of school, thus creating the need for childcare in the home. It may take several weeks before a sick child is able to return to school.

During the first week or so, the patient coughs mostly at night. Later, the patient suffers from long coughs that cause choking and often end with vomiting. This stage lasts 2 to 4 weeks, after which the patient may have a dry cough at night up to several months.

New Vaccine Being Tested

Stockholm SVENSKA DAGBLADET in Swedish 26 Aug 82 p 6

[Article by Inger Atterstam]

[Text] While the debate is underway on the decision by the Social Welfare Board to reject vaccination against whooping cough, a special English vaccine against the disease is being tested in Stockholm.

The project, which is being led by Prof Patrick Olin of the Sachsska Childrens Hospital in Stockholm, will include about 1,000 small children who will be vaccinated with the imported vaccine. This group will be compared to a similar number of children who will not be vaccinated. The test has just begun and so far about 50 children have been vaccinated.

"The test will provide information so that we can evaluate this vaccine in case the decision not to vaccinate Swedish children is changed," Prof Olin said. "This will be especially valuable if we have a whooping cough epidemic."

In its decision to continue the ban on whooping cough vaccination, the Social Welfare Board also said that if whooping cough in Sweden proved to be more serious than expected, the decision could be changed.

Serious Forms

Prof Olin also sees the project as a way to study directly the possible effects of the 1979 halt to vaccinations. In recent years, whooping cough in Sweden has taken a milder form than "normal." This has been due, in part, to the vaccine. Now many fear that the halt in 1979 may mean that more serious and difficult to treat forms of whooping cough will return among the unvaccinated children.

The vaccine now being tested under license in Stockholm is one of the vaccines being used in the mass vaccinations in England. It is produced according to the same principles as the Swedish vaccine used before 1979. The vaccine is believed to provide protection so that cases of whooping cough are much milder than "normal."

Like the Swedish vaccine, it also causes side effects. The most serious is the danger of brain damage, which is believed to occur in one case out of 310,000.

Vaccine To Infants

The vaccine is being given to infants 2 months old. The doctors select children at childrens clinics, but exclude children who risk side effects from the vaccination.

Toward the end of the year the doctors will evaluate any possible side effects of the vaccination and blood tests will be made to discover how many of the children have developed a defense mechanism against whooping cough.

"We plan to follow the children--both the vaccinated and unvaccinated children--up to 2 years of age," Prof Olin said.

The decision to conduct the test came as a result of serious concern among pediatrics specialists in Stockholm County over the lack of protection against whooping cough.

In many countries throughout the world an effort is being made to develop a new generation of whooping cough vaccines with milder side effects. Japanese researchers are among those believed to have succeeded in this task.

There is great hope that within several years we will have a safe vaccine against whooping cough and, thus, an effective means of combatting the disease.

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CSO: 5400/2213

ACTION DEMANDED TO IMPROVE HOSPITAL SITUATION

Senator's Indictment

Port-of-Spain TRINIDAD GUARDIAN in English 18 Aug 82 p 1

[Text] UNSATISFACTORY situations at the country's main hospitals are reaching the point of no return, according to Independent Senator Dr. Percival Harnarayan.

He pointed this out in the Senate yesterday during debate on supplementary and variation of appropriation Bills to provide for increased expenditure on the 1982 Budget of $511,531,772.

He appealed to Government to "look into their institutions and look into it quickly. There are certain things which must be done immediately," he said.

Dr. Harnarayan told the Senate: "I am afraid that at the moment things in the main hospitals are reaching a point of no return. Theatre space is short, operating time is short. Although you are getting more and more skilled staff, they have no time in which to do work, therefore their skills are valueless.

Dr. Harnarayan is a former Medical Director at the San Fernando General Hospital and is a past President of the Medical Association of Trinidad and Tobago.

Referring to the San Fernando General Hospital, he said, "I think you cannot wait for the next ten years for Sodeteg to put up a building for us. What San Fernando needs immediately are two operating theatres, a few bungalows to house the excesses at the big hospital, a pathology laboratory, a new area in which out-patients and casualty can be conducted away from the hospital so that the hospital can be kept free from the crowds, and able to conduct its business in a serious manner."

Dr. Harnarayan noted that reasonably large sums of money were being transferred to the National Hospital Authority under the Variation Bill.

What disturbed him, he said, was that it came from medical and dental care for primary and secondary school children.

"We feel that when these sums are transferred the professions should have the benefit of a say."

No Answers

He said that to date there appeared to be not much achieved by the National Hospital Authority; one would have thought that rules and regulations would have been written and passed on.

Dr. Harnarayan said that when queries were made about reorganisation of the Ministry, the answer was that a document was under study. The House would like to see the contents, he said.

The Independent Senator recalled that on March 24, 1976, Peat Marwick and Mitchell, a firm of consultants, was given the assignment to evaluate proposals for the reorganisation of the Ministry of Health.

He said: "The three parts of this document were supposed to be organisational development of the Ministry of Health, organisation of the operating management functions and organisation of the supporting service and control functions.

"I think as soon as the report was prepared that was the end of Peat Marwick and Mitchell and also the end of $250,000..... the equivalent of a laundry for the San Fernando General Hospital.

The supplementary appropriations which have already been approved in the House of Representatives are to provide, in the main, increased wages in the public service.

Dr. Harnarayan said he would like to see some positive indications that things were taking place.

He said he had not been able to obtain documents relating to the operations of the Mount Hope Medical Complex Task Force.

"The Mount Hope Medical Complex Task Force is a team handpicked by a Government without any representation of interests," he said.

Senator Dr. Harnarayan said: "Although the medical and nursing professions cannot determine what happens at Mt. Hope, although the citizens of Trinidad and Tobago are entitled to know what happens at Mt. Hope, we are not the final answer to Mount Hope, meaning the medical, nursing and allied professions."

Dr. Harnarayan noted that the Oxford Street Centre would relieve the pressure on the Port of Spain General Hospital. Staffing at health centres in other parts of the country was good, he said.

He went on: "No matter what you say about preventive medicine--and we all agree primary health care are words that have been bandied about--health for all by the year 2000..... These are all good things. But whatever preventions you practice there comes a time when illness takes you to your bed and you have to get into a hospital bed."

It was then, he commented, that things at the main hospitals were reaching the point of no return.

Surgery Turnaways

Port-of-Spain TRINIDAD GUARDIAN in English 18 Aug 82 p 1

[Text] HUNDREDS of patients seeking surgical operations at the Port-of-Spain General Hospital have been turned away because of a shortage of anaesthetists.

Only emerency cases are handled and those who were given appointments as far back as six months ago--have to wait several months again before they can enter the theatre.

Surgery for broken bones, severed tendons are muscles, removal of tonsils and cataracts, among others have been suspended since August 1 because anaesthetists have gone on their annual summer vacation.

Chief Medical Officer, Dr. Jean Wong, said the situation was not unusual at this time of the year. The anaesthetists return by early September, she said, and patients who elect to have their operations then have no waiting.

CSO: 5400/7583

BRIEFS

TYPHOID EPIDEMIC DENIED--THERE is no typhoid epidemic in Jinja Municipality, the District Medical Officer, Dr Ongom Oola, assured residents of this won yesterday. He was refuting allegations that over a dozen people suffering from typhoid had been admitted to Jinja Hospital. "There is not a single case in the hospital. Although people are complaining of diarrhoea, this does not confirm they are suffering from typhoid." Dr Oola said. He called upon residents not to panic. His office had asked Mulago Hospital to establish the cause of the diarrhoea. "Appropriate measures will be taken accordingly when laboratory results are obtained." He cautioned people to avoid taking locally made orange juice, local brew and tape water. The vaccination exercise currently going on is strictly for medical staff who are vulnerable to contagious diseases from patients.

CSO: 5400/5758

STEPS TAKEN TO PREVENT, CONTROL MALARIA

Uong Bi City

Hanoi SUC KHOE in Vietnamese 5 Aug 82 p 7

[Article: Uong Bi City in Quang Ninh Strives To Eliminate Malaria by the End of 1982"]

[Text] The movement for health protection in Uong Bi, a city in the mining region of Quang Ninh Province, has recently been recognized by the Ministry of Public Health as a unit having completed five public health tasks. Uong Bi also has made, and is making, a big effort in the management and treatment of social diseases in general, and in prevention and suppression of malaria in particular. In 1981, Uong Bi sprayed DDT throughout the province, conducted basic investigations to classify malaria zones on the basis of morbidity, and promptly treated and identified malaria parasite carriers. As a result, the parasite carrier rate has clearly decreased--just 73 malaria carriers in the city in 1981.

In 1982, in concert with strengthening the movement to complete five public health tasks, Uong Bi has resolved to exterminate malaria in practice by the end of the year. Stepping up prevention, control and suppression of malaria, right at the beginning of the year, Uong Bi sprayed antimosquito DDT in the three subwards of Thuong Yen Cong, Vang Danh and Bac Son, where pockets of malaria parasite carriers still remained in 1981, as well as in other places suspected of extraneous malaria. The sprayed area covered 12,000 square meters, thus protecting ½ of the city population.

In the first 6 months of 1982, 1,450 blood smears have been collected--the yearly norms calling for 2,000 smears--but only 1 of these contained a parasite.

In terms of treatment, in the first 5 months of 1982, Uong Bi treated 46 patients against recurrence and applied preventive treatment to 560 patients; 120 patients had fever, but none of the carried parasite.

Son La Province

Hanoi QUAN DOI NHAN DAN in Vietnamese 5 Aug 82 p 1

[Article: "Son La Actively Prevents and Controls Malaria"]

[Text] The public health sector in Son La Province is stepping up prevention and treatment of malaria for compatriots of various nationalities.

Public health cadres have brought equipment and medicines into the highland villages of Lang Luong (Moc Chau), Chieng Ve (Thuan Chau), Chim Van (Bac Yen), Chien Khoang, and Muong Cai (Ma River) to treat malaria patients. So far, 23,000 people have undergone blood checks and preventive treatment. Carriers of the Malaria parasite have been treated. Due to active prevention and treatment, a malaria epidemic was stamped out in Muong Cai Village (Ma River) right after its appearance. Compatriots of the H'mong nationality living there have undergone blood checks and treatment.

In conjunction with treatment, the public health sector of Son La Province has regularly urged the people to observe the rules of hygiene in their daily life and to build three facilities of preventive sanitation. The sector has conducted antimosquito sprayings, attaining 116 percent of the year's plan, taking the lead among the northern mountainous provinces. As of now, the malaria patient rate in the province is down to only 3.5 per 10,000, a 200 percent decrease as compared with the same period of 1981.

9213
CSO: 5400/5768

SPREAD OF RABIES IN HANOI REPORTED

Hanoi HANOI MOI in Vietnamese 15 Jun 82 p 4

[Article: "One Story A Day Column by The Builder: Let's Do Away With It in a Short Time!"]

[Text] For some years, due to proper prevention and control, dangerous epidemics such as diphtheria, hemorrhagic fever, cholera, dysentery, bubonic plague, etc, have when they appeared, been immediately dealt with, generally causing a very low mortality rate.

Notwithstanding, at present in the city as well as the suburbs, we are confronting a kind of disease which causes more deaths than do other epidemics, and which has become a real cause for concern for the people and the public health sector, and to which the administration has devoted much attention.

In fact, according to statistics released by technical organs, in 1981 28 persons died from rabid dog bites. And during the first 5 months of this year alone, 24 others have died, including 5 in the city and 19 in the suburbs. Hoai Duc District alone accounted for 9 cases.

This past March, the municipal people's committee clearly instructed residents of urban wards not to raise dogs, dogs in suburban areas affected by rabies must be exterminated, an official permit is required to raise a dog, and domesticated dogs must be inoculated against rabies.

We learned that the number of dogs in 79 city subwards--previously estimated at 9,933--has decreased by over 50 percent. Dong Da ward (with Tho Quan subward leading) has properly carried out that extermination task. In other wards, quite a few dogs have been exterminated as well.

Nevertheless, in certain places the extermination of dogs and prevention of rabies have apparently been remiss. Quite a few households still raise dogs. So do some cadres. In addition to these manifestations, some people have asked, "Have these dogs raised for guarding private houses or for personal fun undergone government control and received antirabic immunization?"

In light of that, here is my comment: Undoubtedly, rabies is truly a big danger, and a way must be found to overcome it. Preventive drugs have increased in quantity every year; however, these increases failed to meet the needs because the number of domesticated dogs, especially those left to roam about the suburbs, has shot up.

Since we do not have enough antirabic vaccine for dogs, there is no other way except exterminating them.

It is now the hot season. In the interest of the people's life and health, it is hoped that subward and village administrations, especially public security posts and area police stations, display more zeal in cleaning up this work in a short time.

9213
CSO: 5400/5734

MAJOR TASKS OF 1982 PUBLIC HEALTH PLAN EXPOUNDED

Hanoi TAP CHI Y HOC THUC HANH in Vietnamese No 2, Mar-Apr 82 pp 1-6

[Article by Dr Tran Van Quy, head of the Planning Department of the Ministry of Public Health: "The 1982 Public Health Plan"]

[Text] I. The guidelines and tasks indicated in the plan of the public health sector must be understood thoroughly, adequately and deeply in light of the situation assessed by and the common guidelines and missions set forth at the 10th and 11th party Central Committee Plenums and within the context of the 1982 national plan passed by the National Assembly. [Following are the main points:]

"Efforts must be highly concentrated on the primary task of stepping up agricultural production, especially the production of grain and foodstuffs."

"Thr production of staple commodities essential to the people's life and of goods for export must be intensified."

"Heavy industries including power and coal, engineering and chemical fertilizer must use their capacities to the fullest to serve effectively agriculture, consumer and export goods producing industries, communications and transportation."

"Order must be reestablished in the field of distribution and circulation to stabilize currency, market prices and the life of people--especially of manual and office workers and armymen in large cities and concentrated industrial zones."

"Thrift must be exercised strictly and considered to be a state policy."

"Economy must be coordinated with national defense and a plan drawn up to ensure that the armed forces and the entire national economy are in a ready position to cope with war and to vanquish the enemy while participating in economic construction."

The guiding spirit for implementing the 1982 national plan consists in:

--Displaying a high spirit of self-sufficiency, exploiting all possibilities, doing jobs only after calculating their economic effectiveness; and

--Creating a vigorous shift from a high-level machinery of administrative management to a system of management and planning based on economic accountability and socialist business methods.

Of these tasks, improving the management of plans must be the central one. It is necessary to work out plans from the grassroots level, to consider districts to be base areas for formulating principal and comprehensive plans and to pay attention to building plans for 400 districts.

--Any plan must fully reflect positiveness and stability and must aim at skillfully utilizing and developing the existing possibilities to achieve a stable balance in the face of increasingly great requirements. Scientific achievements and technological progress must be applied to production.

Following the above-mentioned guidelines and leading spirit, the theme of the 1982 plan of the public health sector is as follows:

1. It is necessary to continue to develop the task of popularizing the public health service under the condition that possibilities are still limited, to further intensify the implementation of five targets by conducting the five-accomplished-tasks movement on an increasingly large scale and with an ever better quality, and to pay attention to accomplishing these five tasks in the urban areas of cities.

2. A further step must be made in the specialization and in-depth building of the public health service. Training and scientific research must be developed. The building of 10 public health centers must be considered important. Right now, for 1982, efforts must be concentrated on Hanoi, Can Tho, Da Lat and Dac Lac.

3. Beside the regular tasks to be continued as in the previous years, it is necessary to focus on solving these three most urgent problems: Preventive and curative medicines, quality of hospitals and family planning.

The general guideline is to consider consolidation and quality improvement as the principal tasks. If development is contemplated, it must be geared toward the main point of interest and carried out on the basis of calculations aimed at securing stable harmony. It is necessary to strengthen management and to practice strict thriftiness in matters of labor, materials and expenditures. Economic effects must be carefully reckoned in carrying out all kinds of activity and all negative practices within the sector opposed.

The key zones are the northern border region and the large, concentrated industrial and economic zones (in the Mekong River delta and the Central Highlands). The spearhead sectors are agriculture, raw materials, building materials, transportation and communications.

The principal targets are cadres, workers, children, women and minority nationalities. Efforts must be concentrated on the grassroots and district networks.

II. Specific Missions:

1. There are five tasks to be accomplished:

--Task to be accomplished No 1: The number of districts where three projects must be completed must increase 2.5-fold or triple as compared with 1981.

--Task to be accomplished No 2: The nationwide population increase rate is still 2.1 percent and the number of districts to accomplish this task [of lowering this rate on an experimental basis] must be 19 or 20.

--Task to be accomplished No 3: The number of districts to accomplish this task must be increased by seven as compared with 1981. It is necessary to simplify the bills of health, especially in the mountainous and southern regions.

--Task to be accomplished No 4: Progress must be made toward accomplishing this task on a provincial scale. The five provinces which must try to complete the task of cultivating and using traditional medicinal herbs are Thai Bihn, Hai Hung, Ha Nam Ninh, Vinh Phu and Haiphong.

--Task to be accomplished No 5: Attention must be paid to perfecting the grassroots and district networks.

2. Epidemic Prevention and Control: The three serious epedemics are cholera, plague and malaria. The number of people catching these epidemics and dying must decrease in comparision with 1981.

--Cholera: The number of infected people in the south must be reduced by 50 percent and it is necessary to prevent the epidemic from breaking out in the north.

--Plague: Preventive and control measures must be strengthened in the Central Highlands to lower the infection rate rapidly. Efforts must be made to prevent the epidemic from breaking out in the north.

--Malaria: The blood parasites' presence is still found in 0.35 percent of the total number of [microscope] slides used in blood tests [soos lam maus] and on 4 percent of slides in the south. Other epidemics, especially those afflicting children, must be controlled continuously. The primarily important measures to be taken to prevent and control epidemics are to inoculate sufficient doses of vaccines according to technical regulations and to appropriate percentages of time intervals, to destroy disease transmitting animals and satisfactorily to solve the environmental problem --especially that of feces [disposal] and water.

3. Social Diseases

--Tuberculosis: Efforts must be exerted to reduce the rate of positive Koch Bacillus carriers to between 1.4 and 1.5 percent. It is necessary to ensure that 100 percent of newly born babies receive the BCG vaccination at public health installations.

--Leprosy: Efforts must be intensified to detect this disease and to provide home treatment.

--Veneral Diseases: Continuous efforts must be made to detect and cure these diseases in six southern cities with a view to eliminating them within the framework of the current 5-year plan. An encompassing and correlative method must be applied widely to detect them.

Goiter: The main task is still to make a sufficient quantity of iodized salt constantly available in areas where this disease is rampant.

--Mental Diseases: It is necessary to strengthen the existing treatment centers, to expand further the district and provincial networks and to apply widely sociopsychological methods together with traditional medicine to cure these diseases.

--Trachoma: Efforts must be made to lower the rate of acute [haotj tinhs] trachoma patients to under 40 percent. The important problem of ensuring a sufficient amount of medicines to treat trachoma must be solved. The disease characterized by the eyelashes' curving into the eyeballs [quawmj] [usually; loong quawmj] and prevalent among people of working age in some northern provinces must be eliminated. Efforts must be concentrated on these three public health centers: Hanoi, Can Tho and Dac Lac among the 10 ones which have taken shape or are under construction.

4. Traditional Medicine: It is necessary to continue to implement Resolution No 266-CP of the Council of Ministers on the building of traditional medicine hospitals where they are still inexistent in order to endow each province with such a hospital by the end of the current 5-year plan. Vigorous steps must be taken to ensure inheritance ¼of traditional medicine formulas from one's forefathers]. Experiences in using traditional medicines to prevent and cure diseases must be summed up, officially examined and ratified, subsequently taught at schools and widely applied at disease preventing and curing installations of the entire sector. An advanced physicians' training course must be opened experimentally at Tue Tinh School, Hanoi, to gradually expand it into a higher school. The number of traditional medicine cadres must be increased and the quality of their training and supplementary training raised.

5. Training and Advanced training of Cadres: It is necessary to step up the training and supplementary training of specialized and managerial cadres and of cadres at the elementary and middle school levels, college level and also above the college level. The existing schools must be consolidated continuously in 1982. The faculties of medicine of the Central Highlands

and of Can Tho must be accepted from the Department of Colleges and ocational Middle Schools in order to make investments to build them into two new installations to form doctors for the Ministry of Public Health. An advanced course must be opened at Tue Tihn School and the Nam Ha Public Health Middle School must be transformed into an advanced school directly subordinate to the ministry. A further step must be taken to reorganize local middle schools which appear to be weak, especially those in the south. The formation of Level-I and -II specialized cadres and of postgraduates right in our own country must be broadened. From 1982 onward, plans will be drawn up to recruit local and zonal students with a view to gradually localizing the contingent of cadres. To heighten teaching and learning quality, schools must not only give priority to increasing the number of good and capable teaching cadres but must also pay greater attention to the lodging, boarding, study and activity conditions of students.

6. Scientific Research and Application of Technical Progress: Based on the Political Bureau resolution on the scientific-technical policy and on the guidelines to be applied to scientific research and to the application of technical progress within the framework of the 5-year plan, the task of conducting scientific research and applying technical progress in 1982 will focus on the following principal points:

--Continuously developing subject matters managed by the state and related to meals and pharmaceuticals.

--Accelerating the drawing up of a scientific research plan aimed at facilitating thezoning of the Mekong River delta and the Central Highlands.

--Continuing to develop subject matters concerning basic investigations into the environment, health and diseases.

--Continuing to develop subject matters concerning clinical medicine, pharmacy, traditional medicine, antiepidemic hygiene and family planning that are managed by the ministry and its units.

--Studying certain subject matters concerning social medicine including public health statistics and information.

--Studying the application of technical progress in certain important fields such as allergy, biochemistry, hematology, extraction of some pharmaceutically active substances and production of some types of public health equipment.

--Strengthening the management of research activities in order to obtain realistic results from scientific research.

--Broadening the information and publishing tasks and the library service so as to promote scientific research and the application of technical progress.

--Urgently establishing scientific-technical cooperation with the Soviet Union and other countries.

7. Servicing Combat Activities: Concentrated efforts must be exerted to strengthen networks 1 and 2 in the northern border region and on sea islands in order to enable them to service combat activities. A system must be devised to provide appropriate allowances and grain rations for public health cadres in villages and cooperatives situated in these areas. In networks 3 and 4, it is necessary to supervise frequently the joint operations aimed at servicing combat activities. The various organizations must carry out maneuvers to correct weaknesses in time. It is necessary to inculcate a surgical knowledge into the contingent of specialized cadres in the border and contiguous provinces. A sufficient reserve of medicines, equipment, gasoline and vehicles must be maintained continuously. Centrally run units in charge of supporting provinces must regularly inspect the organization of equipment and technique at the lower level network and must help train cadres for the provinces in their charge. Public health services in the border region must maintain their relationships of cooperation with the sectors concerned such as the army medical corps, public security, army units, home trade, grain and goodstuffs, communications and transportation. It is unadvisable to slacken vigilance and the guidance over tasks aimed at servicing combat activities in the border region and on sea islands.

8. Material Supplies and Capital Construction: The general guideline to be applied is to do one's utmost to practice thrift in consuming and using materials and in employing technical equipment. To limit importation, it is necessary to display a high spirit of self-sufficiency by gradually raising the rate of domestic production of common technical equipment and specialized tools.

Concerning materials of general use, apart from the supply of fuel and building materials, it is necessary to formulate a plan to provide ordinary equipment for patient beds such as cloth, mats, blankets, mosquito nets and so on. The Ministry of Public Health must consult with the Ministry of Home Trade and the public health services must do so with local commercial services in order to include this problem in the yearly plan for distribution according to the ratified patient bed standards.

With regard to materials of special use, it is necessary to intensify maintenance and repairs to prolong their lifespan, to reduce their import and to use equipment more rationally and with a higher productivity by coordinating its use among various areas or by transferring it from places having a surplus to those suffering a shortage. If an equipment is considered not really necessary, its import must be postponed. Concerning the equipment included in [foreign] aid, it must be promptly put into use as soon as it is received. The standard of knowledge of engineers and technical workers employed in producing, operating and maintaining technical equipment must also be raised.

In the field of capital construction, in-depth investments must be made in key projects because the capital earmarked for investments is very limited and much smaller than in the Seventies. With regard to the district network, the "state and people work together" slogan must be applied. For the network at the provincial and higher levels, investments must be made for such centers at Hanoi, Can Tho and Dac Lac. Key projects are those which receive foreign aid such as the Hygiene Institute in Ho Chi Minh City, the Da Lat Vaccine Production Institute, hospitals under construction in districts or new economic zones, training schools, production installations requiring expansion or further construction, and warehouses. Concerning other installations such as wornout hospitals and specialized stations, the principal task is to repari and modernize them.

Apart from the above-mentioned regular tasks to be done in 1982, guidance must focus on the following rhee major tasks:

1. Pharmaceuticals:

Despite numerous difficulties in achieving a balance, great efforts must be made to heighten norms in comparison with 1981.

Pharmaceuticals: Their output must be increased by 52 percent over 1981, their purchase value by 90 percent and their value at the time they are handed over to the central level by 70 percent.

Production: Local enterprise must increase their production by 9 percent. Production by the district network must meet from 5 to 10 percent of the districts' needs while production by the provincial network must meet at least 30 to 40 percent of the need for locally distributed medicines:

Distribution value must amount to 103 percent of that in 1981.

Export value must amount to 115 percent of that in 1981.

Despite great efforts toward self-sufficiency, there still is a great shortage of medicines because [domestic] pharmaceuticals can meet only 30 percent of the needs while the remaining 70 percent of the needs must be fulfilled by importation. However, import capacities have become more and more limited. On the other hand, the distribution and use of medicines is still afflicted with a number of shortcomings and their management is still loose so that a certain amount of medicines has been lost or taken away and has thus become a kind of commercial goods in the free market.

To reduce gradually the difficulties caused by the shortage of medicines, the policy of the ministry is as follows:

a. The raising and growing of pharmaceutical products must be stepped up with the aim of further increasing the country's inherent ability to produce medicines and further augmenting the sources of export goods in order to obtain more foreign currency to import medicines. The movement for self-sufficiency is producing traditional medicines must be continuously expanded on a provincial scale in 1982.

--It is necessary to determine different kinds of basic goods made of pharmaceuticals available in each locality and at centrally run enterprises.

--Contracts on the exchange of crude pharmaceuticals, semifinished products or medicines must be signed between the central and local level and between one locality and another.

b. Production must be intensified: Each locality must use pharmaceuticals in their possession or obtained by exchange to produce enough medicines of ordinary usage and part of the needed amount of tonic medicines. Each locality must investigate the possibility of developing the types of goods for the manufacture of which it is in an advantageous position in terms of pharmaceuticals and must simultaneously help the district level develop the production of ordinary medicines. Each locality must also supply large quantities of pharmaceuticals to the central level to enable it to continue production according to plan by using domestic and import pharmaceuticals.

--To reduce transportation expenses, it is necessary to encourage the preparation of medicines in hospitals and according to prescriptions and the preparation of semifinished products.

--The manufacture of chemical pharmaceuticals by handicraft means must be organized. Encouragement and assistance must be given to any installation--be it a school or research institute--which is capable of producing chemical pharmaceuticals.

--Before making proposals [to the state] for the construction of an antibiotics factory, concentrated efforts must be made in doing research on numerous economic-technical plans.

c. Positive efforts must be made to produce a large amount of export goods: The central and local levels must work together to produce export goods, the volume of "yellow star" ointment produced for export must be increased and research into the production of pharmaceuticals for export carried out.

d. The task of distributing medicines and managing their use must be reorganized.

--The objects of priority distribution are hospitals and examination rooms. The distribution rate must be lowered in other areas, especially in districts which have resolved the problem of traditional medicines and where the distribution of ordinary medicines is no longer needed.

--Two-way contracts must be established between the central level and localities to carry out distribution in equity and rationally.

--To prevent loss and theft, a broad movement must be launched to ensure the safe-keeping and rational use of medicines and to strengthen their management from the production to distribution and utilization areas.

--It is necessary to further intensify market management, the struggle aginst speculation and black market, the management of medicines sent home by private individuals abroad and the prevention of medicine counterfeiting.

--Medicine prescribing must be controlled strictly. The comprehensive treatment method consisting in freely prescribing many types of medicines at the same time must be limited. Vigilance must be displayed against phony prescriptions and those issued out of personal symptahy. It is first necessary to correct the habit of issuing prescriptions while giving lectures at physicians' and doctors' training schools.

--Propaganda and education must be carried out to teach the people the rational use of medicines. Everything must be done to induce everyone to pay attention to the problem of medicines and to cooperate in solving the current shortage of medicines. Joint responsibilities must be borne by both medical and pharmaceutical cadres. The public health sector and others are interrelated and both the state and people are responsible [for the problem of medicines].

--Directors of various services and heads of public health services are responsible for directly guiding the distribution of medicines and organizing inspection.

2. Reorganization of Treatment Installations:

Despite our great efforts, treatment installations--especially hospitals--have been beset with difficulties which have prevented them from fulfilling the need for treatment. The quality of treatment has been lowered somewhat. One of the central tasks in 1982 is to reorganize treatment installations.

--To alleviate the inherently heavy task of treating diseases, it is necessary to continue to carry out hygienic measures aimed at preventing and controlling epidemics and social diseases more satisfactorily than in the previous year.

--Continuous efforts must be made to reinforce and perfect public health installations at the grassroots level and to expand the network of offices which dispense diagnoses and treatment by traditional medicine methods--this with a view to avoiding the patients' crowding into hospitals in districts and at the higher level.

--The hospitals' problem of expenditures must be solved urgently. The Ministries of Public Health and Finance and the local public health and finance services must consult together to quickly decide on an increase in expenditure appropriations for hospitals to make up for the rising prices. Care must be taken to avoid lowering the expenditure norm prior to the price hike.

--Materials of ordinary use such as mats, mosquito nets, fabrics, soap, oil, coal and firewood must be supplied to hospitals to serve patients. Distribution norms based on the patient bed percentage must be fixed by the Ministries of Public Health ahd Home Trade. Estimates of supplies to hospitals must be worked out by puclid health services in consultation with local commercial ones.

--The principal task concerning installations and houses is to repair and modernize them to give them a brighter and good-looking appearance. The building of hospitals which receive foreign aid and whose construction is not yet finished must be completed so that they may rapidly be put into use. The district network and the lower level must apply the "state and people work together" motto.

--It is necessary to ensure that the various networks fulfill their assigned missions and refrain from referring patients to the higher level network unless truly necessary. It is absolutely forbidden to refuse emergency patients no matter where they are brought from.

--Hospital regulations and systems--primarily those on emergency aid, on-duty service, order and hygiene--must be carried out strictly and the state of order and hygiene in hospitals subjected to intensive inspection.

--A proposal will be submitted to the state to expand the system of outpatient beds in order to substitute in some measure for the existing inpatient beds which still represent a low ratio.

--An organization must be set up to inspect hospitals regularly to detect quickly problems requiring improvement or deserving commendation.

--The training of cadres in charge of hospitals and the raising of their managerial standard must be intensified. The ministry will open courses for provincial hospital managing cadres while provinces will open courses for district hospital managing cadres.

--The ministry will provide guidance to enable hospitals to start applying a cost accounting system.

3. Family Planning:

Based on the experiences gained in the past years, it is necessary to proceed with this task at an early date, right at the beginning of the first quarter of 1982. Experiences have demonstrated that the fourth quarter of the previous year and the first quarter of the subsequent one are a period when the implemented measures bring about the greatest result.

--The target to be followed closely is to lower the natural propensity for population growth so as to achieve a rational population growth rate. In 1982, this rate must be lowered by 0.1 to 0.2 percent as compared with 1981. By 1985, the population growth rate to be achieved must be under 1.5 percent in the north, under 1.9 percent in the south and 1.7 percent nationwide. Each young couple must try to have only two children. IUD insertion teams must be well organized ane employed to carry out three tasks: Organizing mass motivation, applying technical regulations and making inspections and statistics.

--The statistical task must be revamped to obtain accurate data. With the cooperation of the Statistics Branch Offices, it is necessary to work out a constant rate of natural population growth by the end of this year and to preclude inconsistencies of statistical data.

--Leadership must be exercised to make family planning one of the central tasks of local and primary organizations. This task must be discussed and decided on at party congresses at various levels and at meetings of people's committees at different echelons. The various sectors and mass organizations must be entrusted with specific works and must coordinate their activities with those of the public health sector to carry out this task.

At a time when the overall economy is suffering a serious imbalance, we cannot yet take the initiative and make sure that all material conditions will be fulfilled. Therefore, the decisive factors necessary to the fulfillment of the plan are the dynamic quality of leadership and the creativeness of local and primary organizations. Of the many measures aimed at promoting the plan implementation, improving the management mechanism and launching an emulation movement are two which are of primary importance.

a. Improvement of the management mechanism: With regard to the economic network (corporations and enterprises), it is necessary to apply strictly a management mechanism based on economic accounting and socialist business. The pluralistic administrative management mechanism must be abolished resolutely and the production and business sectors must not be authorized to request compensations for the losses sustained. Regarding the professional and state-managed network, accounting must be applied to work out indices for each type of installation such as offices, hospitals, schools and specialized stations or institutes. The economic effect of all activities must be reckoned; if it is low, expenditures must be avoided resolutely.

--Planning is the central task in the management mechanism. The method of formulating plans must be improved. Plans must be formulated harmoniously from the primary and district levels upward. In formulating a plan, each level--be it primary, district, provincial or ministerial--must draw up a balance sheet to ensure that the plan is of a simultaneously positive and stable character.

--It is necessary to enforce law in economic activities, to apply regulations and systems in specialized and professional activities, to eliminate the loose application of law and rules in management, to set new and progressive standards and norms and gradually to correct those which are too old and have become unsuitable.

--Organization and management within the sector must be perfected gradually: It is necessary to improve the organizations, working method and assignment of cadres first in managerial organs at the central and provincial levels.

b. An emulation movement must be launched.

--One must emulate in accomplishing five tasks, in building progressive units and in becoming a public health cadre to serve the people. Apart from the five-accomplished-tasks movement, emulation must concentrate on three central tasks of the sector which are solving the problem of medicines, reorganizing disease treatment installations and stepping up family planning. Wiht regard to the masses outside the sector, it is necessary to effectively intensify propaganda about the need to preserve health. Concerning cadres in the sector, patient efforts must be made to inform them of the situation and mission indicated by both the Party Congress and the sector in the 5-year and 1981 plans, to educate them to raise their qualities, and to oppose negative manifestations, bureaucratic working methods, sluggishness, wastefulness and irresponsibility. Greater care must be taken of the life of cadres and manual and office workers, especially low-salaried cadres working at the grassroots level and in difficult areas. Research must be done and a proposal made [to the state] to the effect that certain irrational systems and policies toward the cadres and personnel of the public health sector be amended continuously.

9332
CSO: 5400/5737

PREVENTING AN EPIDEMIC OF ADENOPHARYNGOCONJUNCTIVITIS

Hanoi HANOI MOI in Vietnamese 29 Jun 82 p 2

[Disease Prevention and Treatment column by Dr. Xuan Ha: "Preventing Adenopharyngoconjunctivitis From Spreading Into An Epidemic"]

[Excerpt] Scattered cases of adenopharyngoconjunctivitis have been appearing since May in organs, factories, schools, etc.

The disease is caused by a kind of virus in the respiratory system. A typical patient has all three symptoms: eye inflammation, throat inflammation and gland inflammation (hence the technical term of adenopharyngoconjunctivitis).

The patient first feels tired, then suddenly has high fever -- 39-39.5° C -- and finds his eyes swollen and red, full of rheum, watery, extremely itchy -- requiring constant wiping of the eyes -- and possibly badly swollen and hard to open. In addition to the eye problem, he also has throat inflammation, which makes talking and swallowing painful and his voice hoarse, and swelling of the glands below his ears, underneath his chin and in his neck.

Thus adenopharyngoconjunctivitis actually is an all-body disease, which is very different from conjunctivitis caused by microbes. What is more noteworthy is the fact that following an outbreak the disease can easily become an epidemic as it spreads in two ways: directly through virus-laden saliva droplets reaching a healthy person from the mouth of a patient when he talks and indirectly through his rheum and tears.

In densely populated cities, the disease spreads quickly, particularly in crowded neighborhoods with small living spaces for people inside houses and in public places like theaters, movie houses, railroad stations, boat and bus terminals and swimming pools when some patients share them with healthy people.

In reality, an adenopharyngoconjunctivitis epidemic is not dangerous (nobody has died of this disease), but its harm is the fact that as groups of people become infected, it adversely affects labor, learning and daily activities.

In the last few years, the signs of the disease were somewhat less severe and a number of patients had only one of the three main symptoms, i.e., they had only pharyngitis or only conjunctivitis. Patients were still working, having normal activities and contacting other people, who also did not pay attention to preventing and fighting infection. That was one reason that made the scattered epidemic continue to be active.

5598
CSO: 5400/5770

OMAY PEOPLE FACE STARVATION, DISEASE

Harare THE SUNDAY MAIL in English 5 Sep 82 p 5

[Text] **THE women walk up to 25 km daily to fetch water; the nearest hospital is more than 60 km away; starvation and malnutrition are a daily threat; bilharzia, pneumonia and malaria are common; and wild animals destroy crops and kill people.**

This was the grim situation outlined last week by one of two community development workers operating among the nomadic Tonga and Shangwe people in Omay, near Binga, the bleak communal area bordering on Lake Kariba.

Mrs Eremina Mvura came to Harare on Thursday to seek Government and private sector aid to ward off starvation among the Tonga and Shangwe, people she has been helping since June 1980.

She and Miss Elena Mangwandi were sent to Omay by the Ministry of Community Development and Women's Affairs to help the area become more self-sufficient.

The two women have been trying to get the people who live in Mola, Negande, Nebiri and Sambakarume to adopt more sedentary habits, with some success.

They have also been teaching the Tonga and Shangwe nutrition, hygiene, soil conservation, gardening and how to run co-operatives.

But Mrs Mvura's main concern is that if good rains do not fall early this year in the Zambezi Valley starvation could be just around the corner.

She came to Harare with a long shopping list — but no money.

"We need mealie-meal, maize, other food, clothing and people who can come and drill boreholes for drinking water. Right now people depend on streams for drinking and washing water. Some of those streams are running dry.

"Right now some women are walking seven or eight miles in one direction every day just to get water. It would be a disaster if we don't get more rain this year.

"That could lead to a problem of starvation because last year we had very little rain — actually showers only. So the people could not grow their normal crops of millet.

"Also, we have no source of income, no factories to provide employment because we're in the bush."

The area got a little boost earlier this year when development specialist Mr Peter Mackay successfully persuaded Unicef to provide eight sewing machines and material for school uniforms.

Under the aegis of the Ministry of Community Development and Women's Affairs, 56 women volunteers took six-week home economics courses — including sewing — between last November and June of this year. The courses were offered at Nyanda.

Since July the women have been busy using their donated sewing machines and fabric to make 1 650 uniforms for pupils of four schools in the area.

"In the past people thought the Tonga and Shangwe were incapable of doing anything for themselves, beyond being nomads. Now they are sewing school uniforms, trying to help themselves. We would like the people of Zimbabwe to come to Omay and see for themselves the kinds of projects these people are doing," Mrs Mvura said.

Until 1979 the Omay people were neglected nomads, who lived in an area where disease was widespread and wild animals roamed freely, sometimes attacking and killing people.

The first clinic in the area opened in 1975 at Saikobvu, she said. Since then village health workers have come into the area.

"But the only hospital for us is in Kariba, 60 km from where most of the people live. It costs $8 to cross Lake Kariba by boat from Bumi Hills. So there are problems if someone is ill," she said.

Affluent Bumi Hills sits on the shores of Lake Kariba.

Mrs Mvura said that until 1979 the few children from families who wanted to go to school had to learn under a tree. The first school buildings were built in 1980, after independence, she said.

"But even now most children can't go to school because they have no uniforms, no clothes or because they are suffering from malnutrition," she said.

Even the few stores are usually understocked, because they have to order foodstuffs from Chinhoyi, and the items are often prohibitively expensive, Mrs Mvura said. She said a 52c bag of 5kg mealie meal costs about $1,25 in Omay.

Wild animals from the Kariba Recreational Park still roam the area devastating millet and other crops and sometimes killing people and goats, the only livestock raised in Omay.

CSO: 5400/5785

WEST GERMAN AID ON ANIMAL HOUSING TO AID RABIES FIGHT

Bujumbura LE RENOUVEAU DU BURUNDI in French 11 Jun 82 p 2

[Excerpts] On the afternoon of Wednesday 9 June, Mr Alexis Ntibakiranya, the minister of agriculture and animal husbandry, inaugurated an animal research center at the Veterinary Laboratory. The animal research center was built with West German assistance.

The ceremony was attended by the West German ambassador, Mr Otto Walner, the permanent undersecretary for animal husbandry, Mr Jean Berchmans Berahino, as well as a number of officials and employees of the animal husbandry agencies.

In his remarks for the occasion, the minister retraced the history of German-Burundian cooperation on stock-raising, which he said has been a rewarding one. Then he emphasized the special importance of the animal research center in production, and expressed his thanks to the German Cooperation Office (GTZ) which built it.

The West German ambassador for his part extolled German-Burundian cooperation and said he hopes to see it even further expanded. He also noted the contribution his country has made to establishment of the animal research center, which is yet another proof of the value of the cooperation between Burundi and the FRG.

The animal research center was built to shelter laboratory animals--in this instance cattle, guinea-pigs, white mice and rabbits. The laboratory animals are a valuable tool, in the sense that the effectiveness and non-toxicity of vaccines needs to be tested before they are distributed to technicians in the rural sector.

Dr Bonaventure Museru, director of the Veterinary Laboratory, explained to the audience that there is practically no laboratory in the world that does not have an animal research center. Such a facility is all the more necessary because it is very often asked to deal with problems of toxicology or poisoning. The laboratory animals are given innoculations of microbes, viruses and parasites either to confirm diagnoses or to see their reactions. Traditionally, it should be noted, veterinarians and medical doctors have cooperated in the use of experimental laboratory animals. The animal research center included a housing facility for cattle under experimentation, a room for rabbits, mice and guinea-pigs, a food supply room, a veterinarian's office and a laboratory for microscopic studies.

As for the animals, it would be illogical to use poor specimens, whose condition was undermined by ill health, because the interpretation of results would ba as erroneous as it would be haphazard. Therefore, the laboratory animals must be kept in a wholesome environment, well fed, and provided with clean water, for the results expected to follow from their innoculation depend on their good health. It is the only laboratory in the country that has its own animal research center for its own research needs, but it should also be available to various researchers from the university, the ministry of public health, and even foreign countries.

Last year a free rabies vaccination campaign was begun in all areas of Bujumbura municipality. Also, all dogs that are brought to Bujumbura's small animal clinic are vaccinated at a cost of 200 Fbu. Then a certificate of vaccination valid for 3 years is handed over, but owners are advised that it is prudent to have a revaccination after 2 years.

Since January 1982 some 4,072 dogs have been vaccinated in Bujumbura municipality, 412 of them at the small animal clinic alone. And the effort is being broadened to encompass the whole country. For example, there have been 300 vaccinations at Cankuzo, 450 at Muramvya. Various amounts of vaccine have been sent to the different areas of the country.

The Animal Health Service is fighting a constant battle to stop rabies throughout the country, despite insufficient logistical resources to carry out a systematic vaccination campaign, Mr Nzibariza said.

He added that such an effort would require the availability of refrigerated vehicles, because the vaccine is perishable.

To conclude, Dr Nzibairza urged the police to help by eliminating stray dogs, a problem which no one is addressing.

9516
CSO: 5400/5712

BRIEFS

HOG CHOLERA CASES--Victor Yanez, an animal health official of the Ministry of Natural Resources has confirmed that outbreaks of hog cholera in several departments of the nation have been reported to that ministry. This is a viral disease in hogs which is acute, contagious and fatal, causing much damage to the small, medium and large hog raisers. The disease has been dectected in the Olancho, Francisco Morazan, Cortes and Choluteca Departments. There is danger that it will spread throughout the nation. The official pointed out that the most common ways of spreading of the disease is by direct contact between the infected hogs and others and by contact with the contaminated pens and vehicles when flies, birds and other animals carry the virus of the infected hogs to other places. Yanez said that the Animal Health Program [PSA], an element of the Ministry of Natural Resources, is taking preventive actions in the areas affected by hog cholera. Finally, he explained that to prevent the spreading of the disease such actions as vaccination, isolation of the animals, incineration of the hogs which have died of the disease and other control measures are being taken [Text] [Tegucigalpa LA TRIBUNA in Spanish 10 Jul 82 p 3] 9204

NO FOOT-AND-MOUTH OUTBREAK--Tegucigalpa, 29 Jul (ACAN-EFE)--The Honduran Ministry of Natural Resources reported today that there is no outbreak of foot-and-mouth disease in the country. Regino Quezada, vice minister of natural resources, said that an erroneous report confused an outbreak of hog cholera with foot-and-mouth disease. The official said, "This report has done us much damage due to a misinterpretation by a newspaperman, and our livestock products are in danger of not being allowed to enter other nations on the continent." Honduras remains free of foot-and-mouth disease along with the rest of Central America andPanama due to its total control of incoming agricultural and livestock products at ports, airports and border posts. The official said that explanations have already been given to all the nations free of foot-and-mouth disease (Central American, Panama, the United States, Mexico and Canada) so that Honduran agricultural and livestock products may continue to move at the same rate as in the past. Honduran meat exports are the fourth most important item for bringing in foreign exchange and the loss of its markets would represent the loss of several million dollars. According to official statistics, in 1981 Honduras exported 50,265,000 kilos of meat. [Text] [San Pedro Sula LA PRENSA in Spanish 23 Jul 82 p 5] 9204

CSO: 5400/2201

PASTEURELLOSIS OUTBREAK REPORTED IN CHAMPASSAK, ATTOPEU

Vientiane BULLETIN QUOTIDIEN in French 14 Jul 82 pp 9-11

[Official Guidelines]

[Text] To the heads of the Departments of Agriculture, Forestry and Irrigation of various provinces throughout the country.

Object: Everything must be done to organize the timely prevention of an epizooty in 1982 during the agricultural production season.

In view of [as published] persisting conditions of epizooty in general, especially among cattle, viz. bovines and bubals affected by pasteurellosis or bardbone, which now prevails in the provinces of Champassak (in the districts of Soukhuma, Khong, Munlapamok to name a few), Attapeu (district of Sanamxay), a few symptomatic occurrences have been reported in the provinces of Luang Prabang and Sayaboury in March and April 1982 and it is estimated that, as the rainy season begins, the epizooty will become more widespread and get worse. Therefore, the Ministry of Agriculture, Forestry and Irrigation has issued the following guidelines and practical advice for the rural areas of various provinces.

I. Under normal conditions, in provincial or rural areas not yet affected by the epizooty:

1. The regional veterinary unit must make vaccination rounds to prevent a pasteurellosis or bardbone epizooty; it must vaccinate the domestic animals belonging to individuals or to state livestock-raising farms or stations in those regions for which it is responsible, in accordance with the preventive vaccination measure [issued], without any exception and in due time.

2. These preventive vaccination rounds must be aimed at the three following important points:

A. Preventive vaccination must be aimed at the areas or regions where there has already been an epizooty (endemic zones, epizootic sequels).

B. Preventive vaccination must be aimed at the areas or regions where contagion could occur easily (epizootic symptoms).

C. Preventive vaccination must be aimed at the areas or regions which have never been affected by any epizooty in the past.

3. The above-mentioned anti-epizootic preventive vaccination must take place twice a year, viz.:

- vaccination must be started without fail before the rainy season, i.e. in April or May 1982;
- in a second stage, vaccination must be resumed as soon as the dry season begins, in October or November 1982.

II. In case of a sudden epizootic outbreak:

1. Veterinary forces must be mobilized to organize rounds to control the disease and the animals involved must be immediately vaccinated.

2. The epizooty must be carefully monitored.

3. The provisional regulations concerning the epizooty must be applied, viz.: all movements of animals either into, or out of, or through regions affected by the epizooty must be prohibited.

4. The animals affected must be taken care of, isolated, treated, and their condition must be carefully monitored.

5. Dead animals must be taken care of, either buried or incinerated; consumption of meat from these animals is strictly prohibited.

6. Preventive vaccination in the surrounding areas which are not yet affected by the epizooty must be immediately organized.

7. Guidelines or resolutions must be submitted to prohibit all movements of animals of all kinds in the areas affected by an epizootic outbreak, until the disease is well under control.

8. Simultaneously, a scrupulously accurate report must be sent to the ministry to inform it in due time of epizootic conditions as long as the disease prevails in a given province.

Upon receipt of the present guidelines, the provincial Departments of Agriculture and the regional administrative authorities will implement them strictly and in due time.

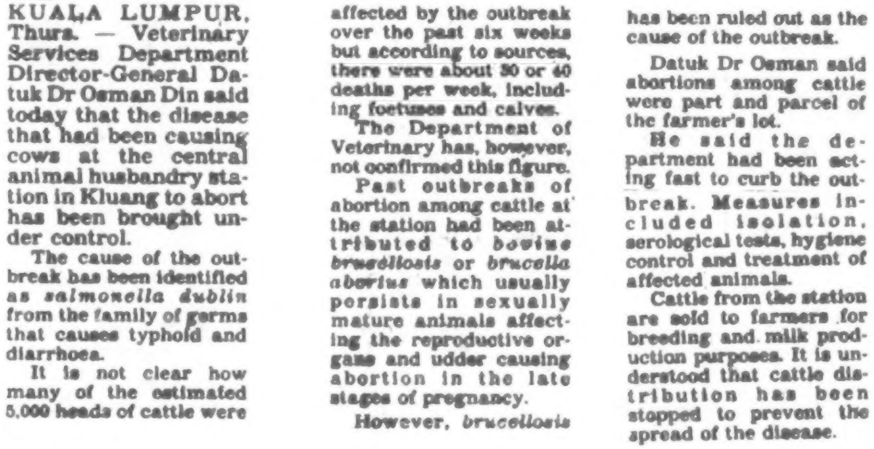
9294
CSO: 5400/5778

REPORTS ON CATTLE DISEASES IN TWO STATES

Cows Abort

Kuala Lumpur NEW STRAITS TIMES in English 6 Aug 82 p 5

[Text]



KUALA LUMPUR, Thurs. — Veterinary Services Department Director-General Datuk Dr Osman Din said today that the disease that had been causing cows at the central animal husbandry station in Kluang to abort has been brought under control.

The cause of the outbreak has been identified as *salmonella dublin* from the family of germs that causes typhoid and diarrhoea.

It is not clear how many of the estimated 5,000 heads of cattle were affected by the outbreak over the past six weeks but according to sources, there were about 30 or 40 deaths per week, including foetuses and calves.

The Department of Veterinary has, however, not confirmed this figure.

Past outbreaks of abortion among cattle at the station had been attributed to *bovine brucellosis* or *brucella aborius* which usually persists in sexually mature animals affecting the reproductive organs and udder causing abortion in the late stages of pregnancy.

However, *brucellosis* has been ruled out as the cause of the outbreak.

Datuk Dr Osman said abortions among cattle were part and parcel of the farmer's lot.

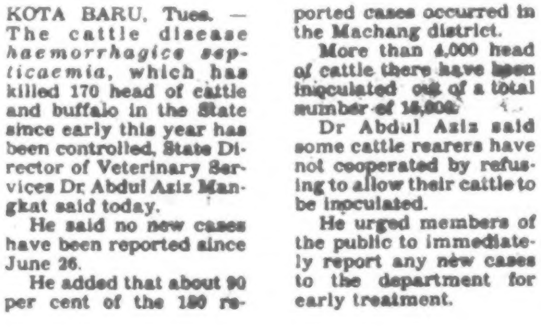
He said the department had been acting fast to curb the outbreak. Measures included isolation, serological tests, hygiene control and treatment of affected animals.

Cattle from the station are sold to farmers for breeding and milk production purposes. It is understood that cattle distribution has been stopped to prevent the spread of the disease.

Hemorrhagic Septicemia

Kuala Lumpur NEW STRAITS TIMES in English 18 Aug 82 p 6

[Text]



KOTA BARU, Tues. — The cattle disease *haemorrhagice septicaemia*, which has killed 170 head of cattle and buffalo in the State since early this year has been controlled, State Director of Veterinary Services Dr Abdul Aziz Mangkat said today.

He said no new cases have been reported since June 26.

He added that about 90 per cent of the 180 reported cases occurred in the Machang district.

More than 4,000 head of cattle there have been inoculated out of a total number of 16,000.

Dr Abdul Aziz said some cattle rearers have not cooperated by refusing to allow their cattle to be inoculated.

He urged members of the public to immediately report any new cases to the department for early treatment.

CSO: 5400/8433

MINISTRY REPORTS ON HOG CHOLERA OUTBREAK

Managua LA PRENSA in Spanish 23 Jul 82 p 3

[Text] The Ministry of Agricultural, Cattle Development and Agrarian Reform, MIDINRA, reported that the outbreak of hog cholera which at present is striking the Pacific area, threatens to spread to unaffected regions such as the central and northern part of the country due to frequent violations of quarantine measures by the owners of the hogs.

In March 1982 when the hog disease flared up, MIDINRA forbade the transporting of animals from the Pacific area to the areas not affected by the disease.

However, the hog raisers have recently been disobeying that order, creating a serious danger to the hog wealth of the country.

Dr Jaime Pastora, in charge of the hog program, reported the greatest number of infractions have been detected at the quarantine station of San Benito, northern highway, where mahy persons are surreptitiously transporting animals which could be infected.

Pastora said that severe measures will be taken against those who violate the quarantine law, including fines of 1,000 and 5,000 cordobas.

A few days ago a large number of hogs were transported into the northern departments on three light trucks. According to MIDINRA reports, the license plates of the vehicles are: BO-KK 606; MA-ZS 875 and MA-KV 263.

Between 16 and 30 June 1982, the San Isidro quarantine post turned back 20 vehicles carrying a total of 120 hogs.

MIDINRA, through the Environmental Health Department, is ordering the inspectors at the quarantine stations to be inflexible in the enforcement of the measures to prevent the spread of the hog disease to the unaffected regions of the country.

The authorities also plan to carry out an educational campaign among the hog raisers so that by complying with the provisions against the disease they protect the national economy.

9204
CSO: 5400/2201

BRIEFS

WORMS THREATEN CROPS--Ocosingo, Chis.--Farmers in the area are alarmed at the appearance of a strange kind of worm that is attacking grazing lands, corn fields and other crops and which has resisted all efforts to combat it. They indicated that this worm appeared shortly after the fallout of ashes caused by the eruption of the Chichonal volcano and it is understood that the same threat faced by this municipality is also being faced by the farmers of Yajalon, Tila, Simojovel, and the entire area that was affected by the volcano. In the face of the threat of losses in all plantations, the farm workers have requested help from the SARH [Secretariat of Agriculture and Water Resources], but it turns out that the insecticides and other chemical products supplied by the above mentioned secretariat to eliminate insects have had no effect and the worms continue to destroy crops. [Text of article by Pablo Castaneda, EXCELSIOR correspondent] [Tuxtla Gutierrez LA VOZ DEL SURESTE in Spanish 30 Jul 82 p 4] 8255

MEXICAN FRUIT FLY DAMAGE--Jalapa, Ver., 28 Jul --The Mexican fruit fly has decimated the fruit production of the area and damaged 70 percent of the fruit trees, principally mango and citrus, that are infested by the insect, said biologist Patricio Sanchez Ortega, chief of the SARH [Secretariat of Agriculture and Water Resources] Center for the Breeding of Beneficial Insects. He indicated that to decrease the substantial annual losses suffered by the Veracruz fruit sector, a biological control program is being implemented to combat the fly and to decrease the contamination caused by infestations. [Text of article by Jose Luis Hernandez, EXCELSIOR correspondent] [Mexico City EXCELSIOR in Spanish 29 Jul 82 p 34-A] 8255

CSO: 5400/2205

RED LOCUSTS DEMOLISH SIMUNYE SUGAR

Mbabane THE TIMES OF SWAZILAND in English 26 Aug 82 p 3

[Article by Mashumi Twala]

[Text] A red alert has been issued for red locusts in the Simunye Sugar cane fields, following the discovery and subsequent destruction of the locusts which had destroyed almost a whole crop at Simunye.

Red Locusts invaded the sugar cane plantations at Simunye in Northern Swaziland.

But no one at Simunye was able to explain why they had not noticed the insects, according to a statement from the Ministry of Agriculture and Cooperatives.

The statement said the locusts which were discovered to have been at Simunye since May or June this year were noticed over the weekend, a few days after Swaziland was declared non-infected by the insects.

But the locusts have since been wiped out.

The statement said: "Had it not been for a visit by an entomologist from the Mount Edgecombe Sugar Research Station who identified these insects as locusts, the probability is that the locusts would have been gone on happily chomping away at the cane leaves with everyone racking their brains as to how to get rid of these voracious insects."

The statement continued: "As soon as a definitive existence of red locusts had been confirmed the secretary-general of the Southern African Conference for the Conservation and Utilization of the Soil (SARCCUS) was alerted and he immediately informed the Ministry of Agriculture and Cooperatives in Swaziland. Consultations between the ministry of Agriculture in South Africa through the proper channels, resulted in assistance in the form of a helicopter, chemicals and personnel being offered to come to Swaziland at comparatively short notice to effect control of the locusts. It can be safely said that these locusts which received the spray are all dead."

It pointed out that the spraying crew from South Africa will inspect a few other blocks of sugar cane land in which locusts were reported seen a week and a half ago today and if any locusts are found they will be sprayed also if the weather permits.

"As it is not known how these red locusts arrived and established themselves at Simunye, everybody is requested to be on the lookout for the presence of exceptionally large numbers of grasshoppers and have these notified immediately to the nearest officer of the Ministry of Agriculture and Co-operatives," said the statement.

The statement comes almost a week after an article in The Times which warned of a possible invasion of red locusts in Swaziland.

CSO: 5400/5769

SPREAD OF VEGETABLE PESTS REPORTED

Hanoi HANOI MOI in Vietnamese 11 Jun 82 p 1

[Article by the Hanoi Plant Protection Station: "The Vegetable Pest Situation"]

[Text] In recent days, weather conditions have not been favorable to vegetable growth--lingering scorching heat, days with hot winds, and insignificant rainfalls. Nearly all vegetables were affected by drought which resulted in poor growth. These conditions were very favorable to the appearance and damaging activities of a number of insects and diseases.

1. Pest on Bindweed:

(a) Vegetable cutworms are causing harm to large areas. Insect density is rather high, mostly composed of 2nd and 3rd instar worms. In Thanh Tri, that density reaches 100 to 120 worms per square meter and on a large scale, affecting nearly all cooperatives. Cutworms are also being seen in Tu Liem, severely damaging large areas. High insect concentrations are injuring asparagus bean leaves, causing poor growth and low vegetable quality.

(b) Entire bindweed areas in Yen So and Thanh Tri cooperatives have been destroyed by gray leafhoppers; however, the damaged areas are not large. Insect density reached 2,000 to 3,000 worms per square meter, mostly composed of 1st and 2nd instar gray leafhoppers. In certain places, that density averaged 400 to 500 worms per square meter, even reaching 4,000 to 5,000 per square meter. In general, hot weather conditions were very favorable to large-scale cut worm activities.

2. Forecasts:

- During June and July, there will continually be hot weather and rainfalls--a propitious time for gray leafhoppers to appear and damage bindweed with high insect concentrations, making it impossible for it to grow.

- Unless proper prevention and control are achieved, cut worms will be more virulent, damaging vegetable and bean yields.

- Leafrollers will continue to damage from the beginning of June. These are dangerous insects which require proper prevention and control.

- Moreover, attention must be paid beanpod borer pests which may reappear and cause damage during the month of June.

3. Prevention and Control Measures:

- The water problem for vegetables must be properly solved. At the same time, vegetables must continually be nursed to help them grow properly.

- Large quantities of insecticides must be sprayed against cut worms and gray leafhoppers; however, the insecticide 666 (6 percent solution) must not be used on vegetables.

- The growth and damaging action of pests must be regularly monitored with a view to devising proper prevention and control measures and to save insecticides.

9213
CSO: 5400/5734

MEASURES TO EXTERMINATE 10TH-MONTH SEEDLING PESTS ANNOUNCED

Hanoi HANOI MOI in Vietnamese 22 Jun 82 p 1

[Article by the Hanoi Plant Protection Institute: "Notice on 10th-Month Seedling Pests"]

[Text] At present, moths are fully grown, and are laying eggs in large quantities on early and middle-season 10th-month rice seedlings which have grown 1 or 2 leaves or more, and on tillering summer-autumn rice. Without proper prevention and control, the young worms will cause 10th-month seedlings and the summer-autumn rice to wither to a high degree. Furthermore, brown leafhoppers will transfer from late spring rice plants to 10th-month seedlings and summer-autumn rice plants, and will continue to damage the coming 10th-month rice crop. Rice skippers and paddy thrips also have appeared on 10th-month seedlings at a number of places.

Prevention and Control Measures:

(1) Keep track of moth growth and egg laying on 10th-month seedlings and summer-autumn rice plants in each zone. Organize prevention and control for 10th-month seedlings having 2 to 3 leaves or more, and for tillering summer-autumn rice, especially 10 days after the moths have reached full growth, by using a number of existing insecticides (Wofatox, 666, Basudin), and in coordination with measures to prevent and control brown leafhoppers, rice skippers, paddy thrips, and a number of other harmful insects.

Guide and organize cooperative members to nip nests of stem borer eggs on seedlings and on summer-autumn rice plants, thus reducing the number of young worms capable of causing seedlings and rice to wither.

(2) Places where chrysalises exist because of delayed metamorphosis, and where the fields have water and can retain it following the harvesting of spring rice, plough the surface to immerse the roots in water so as to exterminate stem borer chrysalises and reduce the number of moth eggs to be laid on 10th-month seedlings.

9213
CSO: 5400/5734

BRIEFS

PEST PREVENTION MEASURES--According to the Plant Protection Department of the Ministry of Agriculture, brown leafhoppers are fully hatched in many northern provinces and cities. Their density on early rice reaches 100 to 300 insects per square meter, and even 1,000 to 1,500 insects per square meter in places such as Lang Son, the districts of Luc Ngan (Ha Bac), Quang Xuong and Dong Thieu (Thanh Hoa). Continued incubation will give rise after 20 August to a concentration of over 300 insects per square meter and on a wide scale. In many places, leaf folders reach a density of 10 to 30 insects per square memter; moths, being seen in scattered places, will attain full development between 15 and 25 August. Remedial measures must include inspection, detection and extermination of young worms with kerosene in fields showing a density of 100 insects or more per square meter, and the use of nets, bags, kerosene lamps and chemical sprays to suppress moths, young worms and leaf folders. [Text] [Hanoi NHAN DAN in Vietnamese 17 Aug 82 p 4] 9213

BEN TRE ELIMINATION OF BLIGHT--Peasants in Ben Tre Province have saved some 9,000 out of 10,000 hectares of early 10th-month rice affected by insects and blight. Provincial agricultural cadres have been sent to help villages and hamlets discover and eliminate insects. They are guiding districts, production collectives and cooperatives in urgently transplanting the entire area of 18,000 hectares of early 10th-month rice according to schedule. [BK020957 Hanoi Domestic Service in Vietnamese 0400 GMT 2 Sep 82]

CSO: 5400/5786

END

JPRS 81962

12 October 1982

Worldwide Report

EPIDEMIOLOGY

No. 297

FBIS FOREIGN BROADCAST INFORMATION SERVICE

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JPRS 81962

12 October 1982

WORLDWIDE REPORT

EPIDEMIOLOGY

No. 297

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FLU EPIDEMIC AFFECTS ONE-THIRD OF NSW WORK FORCE

Sydney THE SYDNEY MORNING HERALD in English 13 Aug 82 p 3

[Text] The flu epidemic has affected almost a third of the NSW workforce, according to a survey conducted by the Sydney Chamber of Commerce.

The survey was conducted among a representative sample of shipping, accounting, manufacturing and retail companies, the executive director of the Chamber, Mr David Abba said yesterday.

The number of staff reporting absent because of illness ranged from 5 to 40 per cent with most taking between three and eight days off.

One major airline reported 3,000 staff away for a week.

"If the employees were on an average $250 a week, which is a conservative estimate, it gives some idea of the cost of this epidemic to a single business," he said.

A random survey by the Herald yesterday found large employers split evenly as to whether their staff had been affected significantly affected by the flu.

Australia Post, the State Electricity Commission and the Urban Transit Authority all reported no appreciable increase in the number of sick days taken.

But the Metal Trades Industry Association said many metal products factories had been badly hit.

A spokesman for Qantas said: "Those who have escaped the bug here are almost in the minority."

A spokesman for the Education Department said many teachers and pupils had been affected. At one Sydney high school, 19 teachers out of a total of 70 had taken a day off because of illness.

Some schools had been hit so badly that replacement teachers could not be found, and supervision had to be arranged for some classes.

Dr John Campbell, the director of medical and allied services for the NSW Health Commission, said he had received reports of significant degrees of absenteeism in hospitals and in the general community.

This was due to a high prevalence of a flu-like illness which tended to hang on, but did not seem to have some of the more severe symptoms associated with a typical influenza condition.

There was no evidence of a new or unusual strain of influenza.

CSO: 5400/7584

BRIEFS

GREEN SNAIL MENACE--The Department of Agriculture hopes to eliminate the green snail menace in Perth with the help of a mollusc expert. The snail, Helix aperta, has already infected 300 hectares in Perth. A Sydney malacologist, Mr Phillip Colman, is here to assess the pest problem and to advise on its eradication. The snail attacks market gardens, suburban gardens and neighbouring bush and experts want to control the pest before it spreads. Mr Colman, who was active in the elimination of the giant African snail in Queensland, said: "The snail has come over here from North Africa and southern Europe. We do not know how much of a pest it is going to be, but from what we have seen it can be more damaging than the brown snail." The three-year project will receive grants of $46,000 a year from the State and Federal quarantine authorities. The Department of Agriculture is controlling the green snail with sprays and baits. However, the snail burrows into the soil during summer, where it lies dormant. In wet weather, it emerges to mate and lay a big number of eggs. Just one fertile snail is enough to infest an area. [Text] [Perth THE WEST AUSTRALIAN in English 7 Aug 82 p 13]

CSO: 5400/7584

BRIEFS

DIARRHEA IN JESSORE DISTRICT--Jessore, Aug 25--Diarrhea has claimed 8 lives and affected about 250 others in the district during the last 11 days. Giving out the figures the District Civil Surgeon said malnutrition and paucity of drinking water are the reasons for spread of the disease. Reports reaching from remote villages said poor section of people are taking unwholesome food. Rice is selling at Tk 5 to 7.50 per seer but they have no buying capacity. Scarcity of drinking water in the area is acute. Most of the tubewells in villages have gone out of work, reports added. Three out of 150 persons admitted into Jessore Sadar Hospital have died since August 14. According to the information given by the Civil Surgeon 58 persons were attacked by diarrhea in areas under Keshabpur police station during the period of whom one died. Three persons died in Jhikargacha police station where 18 persons were attacked by the disease. One died in Sreepur police station where 12 persons were reportedly attacked with diarrhea. The Civil Surgeon said antidiarrheal measures and hygienic education have been started in the affected areas. He said the situation is now under control. His office has a control room to monitor the situation, the Civil Surgeon added. [Text] [Dacca THE NEW NATION in English 26 Aug 82 pp 1, 8]

INFLUENZA AT FARIDPUR--Faridpur, Aug 23--Hundreds of persons have been attacked with influenza. The disease has broken out in an epidemic farm in and outside Faridpur town. The rush of patients attacked with this disease were found nearby the doctors. No effective preventive steps have been taken against the disease. No death report known till the writing of this report. [Text] [Dacca THE NEW NATION in English 29 Aug 82 p 2]

HOSPITAL TETANUS CASES--A number of tetanus cases were detected in the Gynae Ward Number 34 of Dacca Medical College Hospital on Monday last and curative steps to arrest its spreading has not been taken. Though a nurse of the Gynae emergency claimed that the ward was fumigated on Wednesday the doctors expressed their ignorance of it. Immediately after detection of tetanus in the ward all the 10 patients were evacuated to an adjacent ward and the verandah. The affected ward has been put under lock and key. According to a hospital source tetanus can spread from a post operative patient who has not received proper antiseptic treatment during surgical operation. The source also claimed that the hospital not only lacks in antiseptics but operation needles etc. Whenever tetanus is detected the common practice is to fumigate the locality immediately and burn the beddings thereafter in order to ensure its complete eradication. But the beddings of the affected ward were intact till Thursday evening and as claimed the fumigation was done two days later after detection.

The patient who was the source of the outbreak was transferred to the Infectious Diseases Hospital (IDH) at Mohakhali. [Text] [Dacca THE BANGLADESH OBSERVER in English 3 Sep 82 p 1]

DIARRHEA DEATHS REPORTED--Jessore, Sept 7--At least seven children have died in different areas of Shailkupa police station in last 7 days when there was an outbreak of blood dysentry and strong diarrhea in those villages. About one hundred children are still suffering from the disease, it was learnt from a reliable source. The affected villages are Altapur, Bogura, Panch Pakia and Doharo. The disease broke out in an epidemic form last month and there was no death reports till seven days ago. But all on a sudden the virus disease took a serious turn and seven children in those four villages died in spite of medical attendance. Some of the doctors in the area have opined that most of them died of kidney disease, perhaps due to acute renal failure. [Text] [Dacca THE BANGLADESH TIMES in English 8 Sep 82 p 2]

CSO: 5400/7122

BRIEFS

MEAT STANDARDS--Meat and meat products are to be brought under Mandatory Standards. This was stated yesterday by Dr. Richard Cheltenham, Minister of Agriculture, Food and Consumer Affairs as he addressed a Barbados Manufacturers Association one-day seminar on "Profits Through Standards" at the Rockley Resort Hotel, Christ Church. Beginning from November, about seven Mandatory Standards in respect of labelling will be implemented, Dr. Cheltenham said. There are: specification for labelling of commodities (General); specification for labelling of prepackaged food; specification for labelling of all products manufactured from textiles; specification for labelling of prepackaged goods; specification for pictorial markings for handling of goods (General Symbols); Specification for the labelling of toys and play things; and specification for pictorial marking for handling and labelling of dangerous goods. "These actions are all consumer oriented and I see no reason why they should not succeed. For after all manufacturers have been prepared for this for years by the Barbados National Standards Institution," Dr. Cheltenham said. He added that these activities pointed to the fact that Government would promote certification in its national, social-economic policy in areas such as procurement, support for national products, export quality and industrial efficiency. [Excerpts] [Bridgetown ADVOCATE-NEWS in English 26 Aug 82 p 1]

CSO: 5400/7585

13 CASES OF BUBONIC PLAGUE CONFIRMED IN BAHIA

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 18 Sep 82 p 12

[Text] Although Governor Antonio Carlos Magalhaes forcefully denied this event (and even played the case down when a journalist told him that the information came from the Ministry of Health), Solon Ribeiro de Brito, the SUCAM (Superintendency for Public Health Campaigns) delegate in Bahia, yesterday in Salvador confirmed the existence of 13 cases of bubonic plague in the interior of the state "which have already been confirmed in clinical and epidemiological diagnoses but which still must go through laboratory tests." These are 13 cases in two different regions. In the southwest, the largest number (five cases) is in just one city, that is, Pocoes. In the interior of Bahia, the region that produces sisal, there are three cases in Riachao de Jacuipe, one in Serrinha, one in Valente, one in Retirolandia, and one in Santo Estevao. There is also one case in Castro Alves, in the Bahia area surrounding the bay.

The statement by Governor Carlos Magalhaes, denying the possibility of an outbreak of bubonic plague in the state and maintaining that ministry technicians released the news "to show that the ministry exists," caused profound distress in the agency. In Brasilia, some technicians were astonished at the governor's statement, primarily because the first health minister in the Figueiredo administration was a man from Bahia, that is, Castro Lima, a friend of Antonio Carlos Magalhaes.

Solon Ribeiro Brito also announced that all cases occurred at ranches "and that is a factor that may have contributed to the good harvest this year." He explained that "when we have a good harvest, the number of diseases usually goes up because people bring what they harvest (mostly corn and beans) for storage in the homes and that attracts the rats."

He also explained that Bahia has 60 townships which are classified as being endemic and "where every 5 years or every 8 years we can have an epidemic outbreak, since the disease cannot be wiped out but can only be controlled." According to the SUCAM delegate, the agency is constantly on the alert, doing preventive work and going after every case that comes up. "We go to the place where there is suspicion of bubonic plague to administer treatment in the entire area (also exterminating rats and fleas) and in patients, as if the plague did exist, and of course we also collect material for laboratory tests."

In these last cases, SUCAM went to the house of each patient and, in addition to treatment, collected materials for laboratory tests, along with urine and liquid from the bubo.

5058
CSO: 5400/2219

BRIEFS

MEASLES EPIDEMIC IN SOROCABA--Over the past 3 months, hospitals in Sorocaba recorded 89 admissions of patients who were carriers of measles; this has persuaded the Regional Health Department to consider the existence of an epidemic outbreak in the city. This is so because the sick persons go to the hospital only when the disease becomes very serious. Last year, the entire region had 109 cases, a number which the Regional Health Department already considered high. Worried about the development of the disease, Dalmo Herrera Feitosa, director of the Sorocaba Health Center, is sending officials to the hospitals to check on the condition of the patients. So far, there is no information on deaths but it is known that a good part of the patients admitted to the hospitals revealed a serious clinical situation. "Measles are not a benign disease, contrary to what is being assumed. They create a predisposition for other diseases, such as bronchial pneumonia, dehydration, and infections of the ear and respiratory apparatus which can lead to death. In some cases, measles can cause encephalitis and can damage the child's mental development," the doctor warned. According to him, a study is being started by the Health Center and the health districts of the prefecture to strengthen the system of vaccination against measles in the region. [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portugue 18 Sep 82 p 12] 5058

TYPHOID OUTBREAK IN JUCARI, BAHIA--Salvador (O GLOBO)--The director of the health unit of FSESP (Special Public Health Service Foundation) in Itabuna, Joao Viana Damasio, yesterday admitted an outbreak of typhoid fever in the town of Jucari, 50 kilometers from that city, with at least 60 cases already detected. The outbreak was also confirmed by Dr Hugo Santos of the Epidemiological Sector, 4th Regional Health Directorate. According to Joao Viana Damasio, the disease was possibly caused by contamination of water consumed by the population in the town, estimated 5,000 persons; practically all of these people were vaccinated in record time. According to Damasio, an epidemiological check is being conducted jointly by FSESP and by the 4th Regional Health Directorate with the objective of detecting the source of the disease. Among the preventive measures to be taken he announced the chlorination of water in the reservoir that serves the town of Jucari. [Text] [Rio de Janeiro O GLOBO in Portuguese 5 Sep 82 p 11] 5058

CSO: 5400/2219

EDITORIAL WARNS ON VIRAL HEPATITIS

Randgoon THE WORKING PEOPLE'S DAILY in English 1 Sep 82 p 4

[Editorial]

[Text] THE highly infectious and dangerous viral hepatitis is prevalent in Rangoon, according to health officials. The Department of Health is taking extensive measures, including warning posters and educative talks, to prevent the disease from spreading. The people are advised to drink only boiled water, wash hands with soap before meals, eat boiled vegetables, avoid eating food likely to be contaminated by flies and pay more attention to personal hygiene. As it is caused by an immunologically distinct virus, which is transmitted by inadequately sterilized syringes and needles, people are advised against taking injections except in unavoidable circumstances. It is also warned that the virus can be transmitted by transfusion of infectious blood.

What makes this disease more terrible is that there admittedly is no effective cure, and according to health personnel, treatment consists mainly in containing the disease to take its course without causing a general weakness or total liver failure in the patient. Symptoms of the disease, yellow colouration of eye, skin and urine, become visible only after an incubation period of seven or eight days, after which an infection period of three weeks sets in. The best thing will be to send the patient to hospital since people around him can contract the disease from his sweat, sputum, urine or even household articles the patient has handled.

The health authorities warn that the infection exacts a heavy toll among expecting mothers especially when pregnancy is beyond six months. Even when a patient is fortunate enough to recover, he is advised to rest and recuperate for months with minimum of physical contact with other people.

We are aware that the Health Department is actively waging a prevention campaign against viral hepatitis concentrating the efforts on mills, plants, factories and departments, where educative talks are held and warning posters are hung. The success of these measures depends on a large measure on the people themselves, who should heed the advice of the health personnel and follow the instructions assiduously knowing full well that negligence of one can endanger many more around him.

CSO: 5400/5783

BRIEFS

HEPATITIS STATISTICS--Escazu is the canton with the highest incidence of hepatitis. According to the Health Ministry's Epidemiology Department, 307 cases have been reported in this canton. Up to 31 August, there have been 2,336 cases of hepatitis in the country, which is the highest rate since 1971. There were 2,492 cases last year, and this figure will be surpassed next month. [Text] [San Jose Radio Reloj in Spanish 1200 GMT 8 Sep 82 PA]

CSO: 5400/2220

BRIEFS

NEW MYSTERY DISEASE VICTIMS--Two Fort Canje inmates were admitted to the New Amsterdam Hospital late Saturday and yesterday. Their symptoms are indicative of the unidentified affliction which killed 13 inmates of the Mental Hospital late last month. Early Saturday, a patient died at the New Amsterdam Hospital and doctors are worried about the condition of two other inmates who have been hospitalised for two weeks. They have been unconscious ever since. [Text] [Georgetown GUYANA CHRONICLE in English 7 Sep 82 p 12] Another Fort Canje Hospital inmate, struck by the mysterious illness, died at the New Amsterdam Hospital early yesterday morning without regaining consciousness. So far death-toll is 14. A New Amsterdam Hospital source said last night that the deceased, Egerton Hector, was one of two patients unconscious for the past 14 days. The source also confirmed that one patient has sufficiently recovered and has been returned to the Fort Canje Hospital. [Text] [Georgetown GUYANA CHRONICLE in English 8 Sep 82 p 1] The Ministry of Home Affairs announced yesterday that "steps are being taken with a view to holding inquest proceedings in relation to recent deaths at the Fort Canje Hospital. Relevant documents have been forwarded by the Ministry of Health to the Police authorities for necessary action," a statement from the Ministry said. Samples from the bodies were sent to the Regional Epidemiology Centre in Trinidad and Tobago in an effort to determine the cause of the deaths. (GNA) [Text] [Georgetown GUYANA CHRONICLE in English 8 Sep 82 p 1]

CSO: 5400/7586

BRIEFS

TUBERCULOSIS, MALARIA, LEISHMANIASIS--Tegucigalpa, 15 Sep (ACAN-EFE)--Residents in the Department of El Paraiso, in the eastern part of Honduras, are suffering from the diseases tuberculosis, malaria and leishmaniasis. According to statistics available, some 10,000 people living near the Patuca River have caught these diseases. Although there are medicines available for tuberculosis and malaria, there is none to treat leishmaniasis. [Text] [PA162148 Panama City ACAN in Spanish 2343 GMT 15 Sep 82]

CSO: 5400/2220

INCIDENCE OF TUBERCULOSIS REPORTED ON INCREASE

New Delhi PATRIOT in English 26 Aug 82 p 4

[Text] In view of the detection of over two lakh new tuberculosis cases in the country between April and June this year, the States and Union Territories have been advised to undertake expeditiously special surveys to determine the magnitude of the disease.

This is intended to tackle T.B., a major health hazard, more effectively.

The detections were made under a health ministry programme which had set a target of 10 lakh detections during the current financial year. The proportionate target for the year's first quarter was 2.5 lakh. Out of this, over two lakh cases have already been detected.

Reports say that in at least a dozen States and Union Territories, the number of detections far exceeded the expectations. Government feels that a large number of seizures are still unreported which ought to be identified.

According to a conservative estimate, based on the findings of a survey conducted by the Indian Council of Medical Research some years back, the number of afflicted persons today should be over 30 lakhs of which 2,500 to 3,000 die every year.

Since no survey has been conducted in the recent past, the Council of Health and Family Welfare last week asked the States to carry out special surveys to determine the extent of prevalence of the disease.

Under the National T.B. Control Programme, priority has been given to establishment of well-equipped and staffed district T.B. centres in every district for finding out T.B. cases and their domiciliary treatment. At present there are 353 such district centres and 300 clinics to undertake domiciliary treatment.

During the Sixth Plan period, material, equipments and anti-TB drugs are being supplied to district centres as a Centrally-sponsored scheme on 50:50 sharing basis between the Centre and the States. The cost of the supplies to these centres and voluntary organisations is met entirely by the Centre.

CSO: 5400/7114

INCIDENCE OF MALARIA ON RISE IN WEST BENGAL

Calcutta THE STATESMAN in English 2 Sep 82 p 9

[Text]

THE incidence of malaria in West Bengal is on the rise, according to Mr Amberish Mukherjee, Minister of State for Health, in Calcutta on Wednesday. There have been four deaths till June this year, all of them in Jalpaiguri.

The inter-State borders were said to be vulnerable in this region, and Mr Mukherjee felt that all the States needed to work together to eradicate malaria. The border States of West Bengal, like Bihar, Orissa and Assam, had to combat the problem with help from Bangladesh. The problem seems to have escalated because mosquitoes have become immune to DDT, the Minister said.

He has asked Health Department officials in Jalpaiguri, who noticed a spurt in malaria cases recently, to make a thorough investigation and file a report. A conference of the Indo-Nepal Border Coordination Malaria Control will be held in Kathmandu on September 5 and 6. The Director of Health Services, who is expected to attend the conference, will submit a report. Mr Mukherjee said that a programme to step up preventive measures would be implemented soon, after the reports were available.

According to officers of the Health Department, the districts which registered a rise in malaria cases in 1981 were Bankura, with 13,888 cases; Calcutta and its suburbs with 6,660 cases; Midnapore with 5,552 cases; Purulia with 5,927 cases: Jalpaiguri 4,449 cases and 24-Parganas 1,112 cases.

There were three deaths in 1980, against four deths in 1981. In 1980, the Health Department collected 1.57 million blood slides in the State. About 1.4% were detected to be positive. In 1981, nearly 1.92 million blood slides were examined. Positive cases of malaria rose to 1.5%.

Health Department officials said malaria had been practically eradicated between 1950 and 1965. A resurgence was noticed all over the country around 1973. It rose to alarming proportions in 1975 and had abated to some extent since then.

As preventive measures, the department sprays DDT in areas where two out of thousand people are suffering from malaria. This apart, malaria surveillance is undertaken. Investigation follows treatment to stop the infection from being transmitted. In the remote areas, the Health Department has opened drug distribution centres. Panchayat members are given a drug schedule, and asked to distribute tablets to people suffering from fever.

CSO: 5400/7117

MALARIA CASES REPORTED INCREASING IN MADRAS

Madras THE HINDU in English 7 Sep 82 p 12

[Text] Madras, Sept 6--The incidence of malaria has not come down in the State even after the implementation of the 'Modified Plan of Operation' (MPO) from 1977.

There had actually been an increase in incidence in Ramanathapuram district and Madras, which accounted for 50 to 78 per cent of the total number of cases reported in the State during 1977-80, according to a report of the Comptroller and Auditor-General for 1980-81, tabled in the State Assembly on Monday.

Under MPO, areas with an 'Annual Parasitic Index' (API) of two and above are to be subjected to cyclic spray of insecticides, while those recording API of less than two are to have only 'focal spray' around positive cases. (API is the number of positive malaria cases per 1,000 population in respect of each section with a population of 10,000 in a district).

The report has brought to light a number of lapses and inadequacies in the execution of MPO. Deficiency in spray coverage of population ranged from 39 to 61 per cent and even areas with API 20 and above had been omitted. Poor collection of blood smears under the surveillance programmes affected epidemiological assessment. Entomological study and research were confined to limited areas both in priority and non-priority zones, and not correlated to epidemiological requirements.

In Rameswaram island, the most persistent transmission area, the local foci of malaria had not been identified and susceptibility status of vectors to insecticides had not been determined.

Implementation of the Urban Malaria Scheme (UMS), operating in Madras and eight municipal towns, suffered because the surveillance personnel and laboratory facilities were not provided to the extent necessary, observed the Auditor-General. There were large-scale omissions to treat the breeding sources like wells, overhead tanks and cisterns in Madras. Imported thermo-fogging machinery supplied by the Director, National Malaria Eradication Programme, were lying idle after very limited use.

CSO: 5400/7118

BRIEFS

TRIPURA MALARIA DEATHS--The Chief Minister of Tripura, Mr Nripen Chakraborty, told reporters at Calcutta airport on Tuesday that malaria had spread to different areas of his State and killed a sizable number of people. Areas inhabited by tribals had been affected more by the disease. The number of deaths was not available because the tribals were not in the habit of going to hospitals. Some cases of malignant malaria too had been detected. The State Government had not received any help from the Centre in its anti-malaria campaign, the Chief Minister alleged. He said the anti-malaria campaign in the State had been started with the assistance of the West Bengal Government, but had been delayed. The disease had spread to areas in Bangladesh adjoining the Tripura-Bangladesh border. The Indian and Bangladesh Governments should make a joint drive to tackle the situation, Mr Chakraborty said. [Excerpt] [Calcutta THE STATESMAN in English 25 Aug 82 p 16]

MIDNAPORE GASTROENTERITIS DEATHS--Midnapore, Aug 25--Three people, two at Amanpur in the Kespur area and one in the Kotwali area, died of gastroenteritis this week, official sources said here yesterday. More people suffering from the disease have been admitted to hospital, the sources added. [Text] [Calcutta THE STATESMAN in English 26 Aug 82 p 7]

LEPROSY ENDEMIC IN BENGAL--Calcutta, Aug 25 (UNI)--Fourteen of the 16 districts in West Bengal are considered to be 'high to moderate' endemic to leprosy, according to official sources here. The State with an estimated 380,000 leprosy patients tops the list in the eastern States. The prevalence rate of the disease is 8.58 per 1,000 population. Of the total patients, about 167,000 are yet to be detected and brought under treatment, the sources said adding that the State Government had so far recorded 214,000 leprosy patients. Of these only 162,000 had been given treatment. The sources said the State Government had decided to detect and record 61,000 leprosy patients during the current year besides extending treatment facilities to an additional 60,000 patients. Similarly, 24,000 patients, treated over the years, were expected to be discharged during the current year, the sources added. As the detection and treatment were the essential part of the leprosy control programme, the Government had also decided to set up a State leprosy control board similar to that formed in Maharashtra. It had prepared a Rs 64 lakh programme for the current financial year to tackle the disease in various ways and open temporary hospital wards. Purulia, the highly endemic district, had already been covered by the multi-drug regimen project, the sources said. [Text] [New Delhi PATRIOT in English 26 Aug 82 p 4]

ENCEPHALITIS IN GOA--Panaji, Aug 26--Fourteen persons have died of "Japanese encephalitis" in different parts of Goa in the last three months while 16 patients are either being treated in or have been discharged from Government hospitals. [Text] [Madras THE HINDU in English 27 Aug 82 p 9]

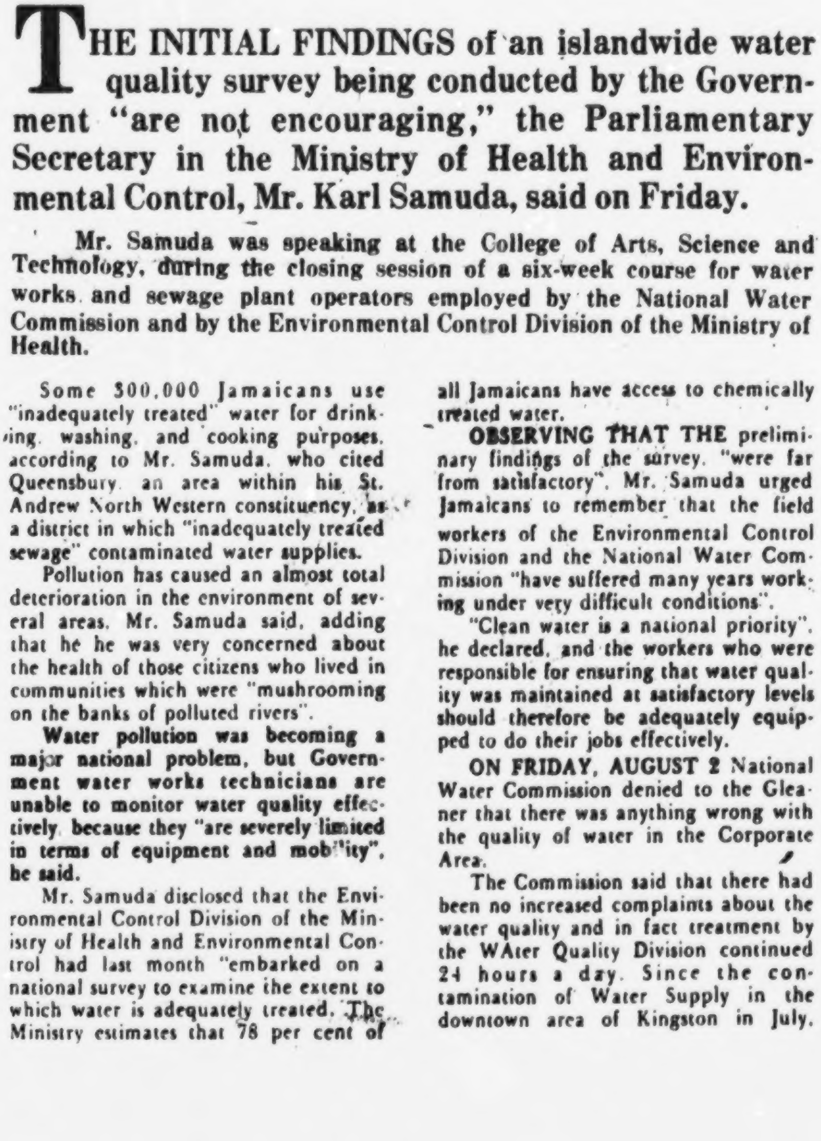
CHOLERA IN MADRAS--Madras, Aug 30--Cholera appears to be active once again in Madras. Since the beginning of August, the Madras Corporation's Communicable Diseases Hospital in Tondiarpet has been reporting an average of about nine cases every day, compared to the one or two cases a day that is normal for this endemic disease. The areas worst affected are Ashok Nagar, Triplicane, Mannady, and Tondiarpet, but no deaths have so far been reported. In separate moves to contain the waterborne disease, the Corporation has arranged for mass innoculation at its dispensaries, and Metrowater has increased the chlorine content in the water. People are also being advised to drink after boiling water. [Text] [Madras THE HINDU in English 31 Aug 82 p 1]

CSO: 5400/7112

300,000 SAID TO BE USING WATER CONTAMINATED BY POLLUTION

Kingston THE DAILY GLEANER in English 30 Aug 82 p 1

[Text]



THE INITIAL FINDINGS of an islandwide water quality survey being conducted by the Government "are not encouraging," the Parliamentary Secretary in the Ministry of Health and Environmental Control, Mr. Karl Samuda, said on Friday.

Mr. Samuda was speaking at the College of Arts, Science and Technology, during the closing session of a six-week course for water works and sewage plant operators employed by the National Water Commission and by the Environmental Control Division of the Ministry of Health.

Some 300,000 Jamaicans use "inadequately treated" water for drinking, washing, and cooking purposes, according to Mr. Samuda, who cited Queensbury, an area within his St. Andrew North Western constituency, as a district in which "inadequately treated sewage" contaminated water supplies.

Pollution has caused an almost total deterioration in the environment of several areas, Mr. Samuda said, adding that he he was very concerned about the health of those citizens who lived in communities which were "mushrooming on the banks of polluted rivers".

Water pollution was becoming a major national problem, but Government water works technicians are unable to monitor water quality effectively because they "are severely limited in terms of equipment and mobility", he said.

Mr. Samuda disclosed that the Environmental Control Division of the Ministry of Health and Environmental Control had last month "embarked on a national survey to examine the extent to which water is adequately treated. The Ministry estimates that 78 per cent of all Jamaicans have access to chemically treated water.

OBSERVING THAT THE preliminary findings of the survey, "were far from satisfactory", Mr. Samuda urged Jamaicans to remember that the field workers of the Environmental Control Division and the National Water Commission "have suffered many years working under very difficult conditions".

"Clean water is a national priority", he declared, and the workers who were responsible for ensuring that water quality was maintained at satisfactory levels should therefore be adequately equipped to do their jobs effectively.

ON FRIDAY, AUGUST 2 National Water Commission denied to the Gleaner that there was anything wrong with the quality of water in the Corporate Area.

The Commission said that there had been no increased complaints about the water quality and in fact treatment by the WAter Quality Division continued 24 hours a day. Since the contamination of Water Supply in the downtown area of Kingston in July, there had been three reports of contaminated water, but investigation has not substantiated the reports.

The **Gleaner** has however found out from further investigations that water quality had deteriorated up to 10 days ago because of inadequate treatment of chlorine. Since then at the Government's insistence, water treatment with chlorine has been restored to normal.

But independent engineers have proposed to citizens that they boil water before drinking.

CSO: 5400/7585

POLIO, OTHER IMMUNIZATION PROGRAMS NOW UNDERWAY

Kingston THE DAILY GLEANER in English 7 Sep 82 p 1

[Text]

THE THIRD PHASE of the immunisation programme against poliomyelitis is to be carried out this month.

Arrangements are also in "the final stages" for the implementation of a comprehensive immunisation programme covering German measles, whooping cough and tubercolosis. The Ministry of Health will be receiving assistance for this programme from the United Nations Children's Fund (UNICEF).

The Minister of Health Dr. Kenneth Baugh, said yesterday that the third phase of the polio immunisation programme would be carried out this month, principally in schools. Each parish would be done separately on dates to be announced.

Dr. Baugh said that the comprehensive immunisation programme would go on until next year and would start with a public education programme. It is expected to start "over the next few weeks".

A MINISTRY OF HEALTH spokesman who was asked whether there were adequate supplies of the polio vaccine to be used in the programme, said there was "more than enough".

Students in some Corporate Area schools without their Polio immunisation cards were turned away yesterday when the new school year began for most schools the GLEANER understands. Earlier in the programme the Health Minister had warned that children be fully immunised since it would be a pre-requirement for entry into schools.

The Gleaner understands that as part of the comprehensive immunisation programme, there is to be a survey to find out people's attitudes on. knowledge of immunisation, so as to plan an educational programme. Interviewers, Public Health Nurses and Inspectors, midwives and Health educators will be given six weeks in which to send in the information.

It is understood that immunisation against certain diseases will be done in specific age groups such as the 1-year to 4-year olds for diphtheria, tetanus and whooping cough; and 10-12 year-olds for German measles. The aim is to cover the school-age population up to 12 years.

CSO: 5400/7586

BRIEFS

MALARIA OUTBREAK--Chinandega--Maximo Mendoza Toruno, one of the regional officials responsible for the malaria eradication control program, has reported that seven brigades of sprayers are working in the Chinandega rural region. This work is being carried out because malaria cases were detected in those areas. Mendoze Toruno added that 356 positive cases out of 2,546 malaria tests were discovered in June. [Text] [Managua EL NUEVO DIARIO in Spanish 28 Aug 82 p 6]

CSO: 5400/2220

BRIEFS

VACCINATION CAMPAIGN--THE National Health Programme office is busy making arrangements to launch a mass vaccination campaign in October which is expected to cover 200,000 children in the Sultanate. The campaign will be launched in the Batinah Coast area and will then take in other parts of the country. A door-to-door approach will be followed to cover the maximum number of children and, in certain cases, mobile teams will be pressed into service, Dr Khalifa Nasser al Mawaly, head of the programme said. During the campaign, vaccinations will be administered to prevent the outbreak of diphtheria, poliomyelitis, tetanus, and measles. All children from the newly-born to 12-year-olds will be covered Dr Mawaly said. [Text] [Muscat OMAN DAILY OBSERVER in English 31 Aug 82 p 1]

CSO: 5400/4746

PAKISTAN

LOW QUALITY AND HIGH COST OF MEDICAL CARE

Lahore VIEWPOINT in English 2 Sep 82 pp 7, 8

[Article by Groundsman]

[Text] **THE decision to examine the functioning of hospitals in the country has not been taken a day too soon, for their growing deficiencies have been agitating the public mind for quite some time. The terms of reference given to the Federal Committee set up for the purpose have not been revealed but judging from the hints dropped by the Health Minister there is some reason to hope that the probe will be comprehensive and thorough. It had better be so if the requirements of an appreciable improvement in hospital services, qualitative as well as quantitative, are to be met, or at least properly identified.**

Obviously, the first problem is the gross inadequacy of hospital facilities. With just 600 hospitals, a bed for 1,600 persons, and a nurse for three doctors, it is easy to see that the existing network cannot serve more than a small percentage of the population. The traditional answer to the problem has been to plan big hospitals at principal cities and towns and link them with medium-sized instutions at smaller towns. However convincing this policy may have looked in theory, in practice it has not yielded the desired results. The programme of building hospitals away from the major towns has never taken off, with the result that hospital services in the vast countryside are only marginally better than they were two decades ago. At the same time, it has all along been conceded that the creation of hospitals of the stipulated standard in a number sufficient to cover the entire population will need a much heavier investment and a longer period of time than Pakistan can afford. The situation can only be tackled through a radically different strategy for hospital services than the one hitherto followed.

Private clinics

One of the methods adopted in this respect is to encourage the growth of hospitals in the private sector. While the addition to health facilities made by private hospitals and clinics is substantial, they have produced several unhealthy side-effects. These private institutions, too, have emerged in the larger towns and have thus made little contribution towards extending the health cover to the under-privileged rural masses. Besides, they have prospered at the expense of efficiency at Government hospitals, making adequate health care more and more elitist in character. It would, therefore, be unrealistic to expect that private enterprise will be able to make up for the shortage of hospitals in the non-urban areas or to offer medical assistance to the teeming millions at a cost they can bear.

The combined effect of shortage of Government hospitals and the high cost of treatment at private clinics is that the pressure on the former has become unmanageable. A sharp deterioration in the quality of service is visible all round. The staff at these hospitals cannot possibly attend to the large number of patients crowding the premises and it is no longer possible to supply them with anything more than the most inexpensive pills. It is now fairly clear that pressure on the existing all-purpose hospitals cannot be eased merely by increasing their number. The needs of a very large number of patients, who at present call at the bigger hospitals, can easily be met by small clinics and dispensaries. This is true not only of cities but also of the countryside. There are reports that in the next five-year plan the emphasis will be on the creation of basic health centres in the rural areas but one should like to hope that the old system of establishing dispensaries in different parts of cities will also be revived.

Privileged cadres

Among the other causes of the decline of services available at Government hospitals, attention needs to be paid to the unhappy consequences of allowing senior doctors at almost all the leading hospitals to also teach and join private clinics. Under this system both teaching assignments and duty at hospitals suffer because it is humanly impossible for anyone to satisfactorily discharge these responsibilities, wholetime jobs both, and yet have time to participate in the national craze for quick money through private practice — a pursuit that gets priority in most cases. It should be possible to break up the senior cadre into branches exclusively meant for teaching and hospital duty so that those appointed at hospitals can devote all of their time to their jobs.

Then, there are such matters as the gaps in essential facilities at most of the hospitals. Special children's wards exist at only a small number of hospitals. Laboratory facilities are equally inadequate. The shortage of qualified medical attendants is so acute that absolutely untrained sweepers perform a variety of crucial tasks, from providing first aid in casualty wards to giving injections and testing urine for sugar content. Further, even the best hospitals lack modern equipment in cardiology, urology, and neuro-surgery sections. However, these are matters on which the medical experts can be trusted to give fairly competent advice.

Community medicine

What they have shown a remarkable incapacity to appreciate is the growing anxiety in the advanced countries over the alienation of the hospitals from the population and the increasing awareness, in the Third World, of the role of community medicine. For these issues the Federal Committee will have to elicit the views primarily of non-official social scientists and public representatives. That our hospitals and the medical personnel are getting more and more alienated from the people they are supposed to serve is manifest and the urgency of achieving effective community participation in the development of health care cannot be disputed.

However, community medicine means much more than the creation of charity clinics or hospitals with community funding. In essence it implies, on the one hand, effective say by public representatives in the planning and management of health facilities and, on the other, creation of opportunities for medical personnel to study and assess the specific health needs of the people around them and contribute to the evolution of the best possible strategies of medical care. In the final analysis, a welfare-oriented health system may be possible only through democratisation of health institutions and if that depends on a similarly constituted political superstructure, the fact cannot be blinked at for long.

CSO: 5400/5787

BRIEFS

DRUG FOR KIDNEY DISCOVERED--LAHORE, Sept 2--The Atomic Energy Medical Centre (AEMC), Lahore, has developed a redioactive drug that helps in diagnosis of all symptoms of abnormalities and malfunctions of the kidney. Pakistan is the first country to develop this drug which has given excellent test results according to AEMC sources. The drug was developed by a radio-pharmacist of the centre after an effort of two years and has been accepted by the Nuclear Society at its latest meeting held in Florida. The drug is injected in the body of the patient and records the true position on a screen. Efforts are also being made to make the drug available commercially and to supply the same to all the atomic energy medical centres in the country. The AEMC has also developed a drug which monitors all the symptoms of heart in similar manner. Although it too is giving excellent results, but is yet to be recognised internationally. Its composition will be discussed at an international conference to be held in December this year. Both drugs, however, have not been named so far. [Karachi DAWN in English 3 Sep 82 p 9]

CSO: 5400/5787

PEOPLE'S REPUBLIC OF CHINA

EPIDEMIOLOGICAL ANALYSIS OF EPIDEMIC MENINGITIS IN XUCHANG PREFECTURE

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 1, 10 Feb 82 pp 8-11

[Article by Ren Shouli [0117 1343 4409] Dong Yongwei [5576 3057 0251] Liu Sihua [0491 0934 5478] of Xuchang Prefecture Public Health and Epidemic Prevention Station]

[Text] In order to understand the epidemiological condition of epidemic meningitis in the prefecture and master its principle to provide a basis for forecasting the tendency of occurrence, the authors carried out an epidemiological analysis of the survey results of all the counties and municipalities in 1953-79 and those of key counties and communes in 1976-79. Epidemiological indications for forecasting the condition of epidemics are preliminarily investigated.

General Conditions

Xuchang Prefecture is located in the central part of Henan Province, at about 113-114° E. Long. and 33.5-34.3° N. Lat. The terrain is high in the west and low in the east. The western part is largely mountainous; the eastern part is a plain, and the central part is hills and plains. It has the continental climate of north China. The summer is hot, with frequent rains; the winter is cold and dry. The annual mean precipitation is 730.5 mm, mostly in July (267.3 mm) and the least in December (12.2 mm). The annual mean temperature is 19°C, the highest in July (32.68°C) and the lowest in January (6.16°C).

Epidemiological Analysis of Epidemic Meningitis

1. Distribution of Epidemic Years

(1) Definition of an Epidemic Year: For the convenience of arranging and analyzing the data, an epidemic year is defined as the period from July of the previous year to June of the following year.

(2) General Condition of Epidemics: Judging from the recorded data (Table 1) epidemics of this disease in the prefecture may generally be divided into three periods:

Table 1. Condition of Epidemic Meningitis in Xuchang Prefecture in the Past 27 Years

Year	Incidence as compared with the base year	Mortality rate as compared with the base year	Fatality rate as compared with the base year	Intensity of the epidemic
1953	1.0	1.0	1.0	scattered cases
1954	0.43	0.58	1.15	scattered cases
1955	0.22	0.60	2.82	scattered cases
1956	0.35	0.60	2.05	scattered cases
1957	8.22	7.42	0.87	small epidemic
1958	0.82	0.80	0.93	decreasing
1959	1.62	1.40	0.81	scattered cases
1960	0.79	0.50	0.64	scattered cases
1961	1.46	1.76	1.35	scattered cases
1962	1.35	5.60	0.78	scattered cases
1963	11.30	8.00	0.76	small epidemic
1964	10.08	11.67	1.46	decreasing
1965	3.85	3.10	0.85	scattered cases
1966	23.68	17.10	0.77	medium epidemic
1967	180.90	72.18	0.42	severe epidemic
1968	20.23	9.96	0.45	medium epidemic
1969	9.89	4.26	0.45	decreasing
1970	8.78	7.56	0.57	decreasing
1971	3.42	2.78	0.87	scattered cases
1972	1.88	1.28	0.72	scattered cases
1973	1.46	0.66	0.48	scattered cases
1974	3.36	1.28	0.40	scattered cases
1975	10.55	3.68	0.41	small epidemic
1976	7.69	2.80	0.83	decreasing
1977	24.11	5.56	0.34	medium epidemic
1978	6.91	2.24	0.34	decreasing
1979	2.80	0.66	0.25	scattered cases

The First Period (1953-62): The incidence of epidemic meningitis was in the range of 0.78 to 33.3/100,000 of population, averaging 8.42/100,000. [From year to year] the incidence varied 42.69 fold. The incidence did not fluctuate very much for a few years after 1953, perhaps being a period of stability following an epidemic. The first peak of epidemic meningitis was reached in the prefecture in 1957.

The Second Period (1963-72): The incidence varied from 6.79 to 653.05/100,000, averaging 98.92/100,000. [From year to year] the incidence varied 96.18 fold. Starting in 1963, the incidence rose in a large scale to reach a second peak in 1967.

The Third Period (1973-79): [From year to year] the incidence was in the range of 5.27 to 87.05/100,000 averaging 29.34/100,000. It varied 16.52 fold from the lowest to the highest. Starting in 1975, it rose in a large scale to reach a third peak in 1977.

(3) Epidemic Cycles: Since 1953, four epidemic cycles have appeared, i.e. 1957, 1963, 1966-68, and 1975-77 epidemics. Those of 1957 and 1963 were mild epidemics, lasting 1 year each; the epidemic of 1966-68 was severe, lasting 3 years; that of 1975-77 was medium, lasting 3 years. Following the severe epidemic of 1967, the incidence dropped gradually and fluctuated for 7 to 8 years before beginning to rise in 1975. After the epidemic of 1977, there was another gradual decrease. In the prefecture, a mild epidemic appears about every 3 to 5 years and a relatively severe epidemic every 8 to 10 years.

(4) Variation of Exponent of Incidence of the Few Years Before and After a Severe Epidemic: The incidence often rises or rises suddenly in the year before a severe epidemic; after the peak is reached, it decreases gradually. When the exponent of incidence of 1965 is considered to be 1, the variation of the exponent of incidence for the years 1966 to 1970 is in the following order: 6.15, 46.98, 5.25, 2.57, and 2.28.

(5) The Relationship Between the Rate of Occurrence, the Mortality Rate and the Fatality Rate: In the year of a severe epidemic of meningitis, the incidence is high and the mortality rate is high also. There is a tendency of a positive relationship between the two, and this relationship is especially obvious in the years just before and after a severe epidemic, but the fatality rate does not vary with the rise and fall of the incidence. Due to the continuous rise in the standard of living and the gradual improvement of medicine and hygiene, the fatality rate drops from year to year in the form of a wave (figure attached). In the past 27 years, the average fatality rate was 9.16 percent. The highest was 1955 (37.03 percent) and the lowest was 1978 (4.49 percent). The fatality rate characteristic of this severe epidemic [1978] was its being high first and low later. Perhaps, when the incidence first began to rise, some cases were not reported or mild cases were left out and in the later period of the epidemic, the reporting work was strengthened and mild cases were added in the statistics. As the base figure thus increased the fatality rate fell in relation to the base number of cases. It appeared that the possibility of a change of toxicity of the pathogen leading to a rise of the fatality rate may excluded.

2. Monthly Distribution of Cases of Epidemic Meningitis

(1) Epidemic Periods: Each epidemic year is divided into four periods: 1) Early-epidemic Period: from November to January of the next year; 2) Epidemic Period: from February to April; 3) Late-Epidemic: May to June; 4) Remittent Period: July to October.

(2) Seasonal Peak: In November before the year of an epidemic, the number of cases begins to rise, it reaches a peak in the following February to April. In May, the number begins to fall and after June the incidence level of a normal year will again be reached. In either an epidemic or a nonepidemic year, the number of cases is fewer from July to October and the incidence is the highest in February to April. During an epidemic year, the number of cases in February to April amounts to 80-90 percent of the total number of cases of the entire epidemic year. During a nonepidemic year, the number of cases in February to April amounts to 50-60 percent of the total number of cases in the year. During an epidemic, the number of cases is the most numerous in the month of March. In the past 25 years, the peak occurred in March in 18 years, in April in 6 years, and in January in 1 year. An understanding of the month of the peak is important in lowering the seasonal peak in order to reduce the incidence of the entire year.

(3) Variation of Monthly Incidence in an Early-epidemic Period: The epidemic data of these years indicate that the range of increase of the incidence from month to month in the early period of an epidemic year is relatively great. This fact is definitely significant in forecasting. In the 2 epidemic years of 1967 and 1977, the incidence increased 2-8 fold from November to the following March. The range of increase is smaller in a nonepidemic year. For example, in 1959 and 1973, the increase was 0.54-4 fold, and a sustained higher increase did not occur. This fact indicates that whenever the monthly increase of incidence in an early-epidemic period reaches more than 2 fold, there is a possibility of an epidemic. To use this as an index for forecasting an epidemic is very significant for a county, city or a commune.

3. Regional Distribution of Incidence of Epidemic Meningitis

(1) Topographical Distribution: On the average, the incidence of epidemic meningitis in the prefecture is the highest in the plains (60.31/100,000), hills next (49.08/100,000), and the lowest in mountainous regions (29.55/100,000). In 1957, the incidence was the highest in Yanling County; in 1977 it was the highest in Lushan County. In individual mountainous areas, there are few contacts with the outside and once the source of infection has entered such an area, it often causes an outbreak. The explosive epidemic of 1977 in Shiputou Commune of Lushan County, reaching a rate of 2,497.95/100,000, was this kind of condition.

(2) Phenomenon of Alternated Epidemics: Each time, an epidemic of meningitis would begin in one commune first before spreading to nearby brigades or communes to finally cause the majority of communes or even the entire county to have an epidemic. The epidemic often spreads outwardly from the initial area, and the commune-brigade that has had a high incidence in the first year will

have a lower incidence in the second year and those surrounding communes and brigades will have a higher incidence, to form a phenomenon of alternated epidemics. After this situation continues for 2-3 years, an overall drop will occur. In mountainous and hilly areas, an epidemic is more intense and lasts longer.

4. Age and Household Distribution Characteristic in an Epidemic

(1) Relationship Between Incidence of Epidemic Meningitis and Age: According to the statistics of 745 cases in Wuyuang County and Lushan County, incidence of the 7-15 year group is the highest, 0-3 year group is the next, and the group older than 16 years of age is the lowest (Table 2).

Table 2. Gender and Age Distribution of 745 Cases of Epidemic Meningitis

	Male		Female		Total	
Age group (years)	Number of cases	Percentage of total number of cases	Number of cases	Percentage of total number of cases	Number of cases	Percentage of total number of cases
0-3	70	9.39	55	7.38	125	16.77
4-6	63	8.46	55	7.38	118	15.84
7-15	207	27.79	180	24.16	387	51.95
16 and above	56	7.52	59	7.92	115	15.44
Total	396	53.15	349	46.85	745	100.00

This is perhaps due to the fact that school age children have more frequent contacts with one another, and children under 6 years of age are injected with epidemic meningitis vaccine and thus have a higher immune level. Of the 295 cases in 1976-78, 15 died, amounting to a fatality rate of 5.08 percent. Of these, the fatality rate of the 0-3 year group was 12.08 percent; the 4-6 year group 9.8 percent; the 7-15 year group 2.53 percent; and the group older than 16 years of age 8.83 percent.

(2) Household Distribution of Epidemic: Generally, one household has one case (except during an explosive epidemic). The 458 victims of Shipotou Commune of Lushan County in 1977 were distributed in 345 households, and 76.52 percent of these households have 1 case per household, 17.10 percent have 2 cases per household, 4.35 percent have 3 cases per household, and 2.03 percent have more than 4 cases per household. In 1977, of the 7 children of a certain household of Xuchang City, 5 came down with the disease; of the 8 children of a certain household in Lushan County, 6 came down with it. Wherever multiple cases in a single household occur, especially in an explosive area, it is often the area of high incidence of that year.

5. Relationship of Epidemic Meningitis and the Weather

Inthe winter-spring, the temperature is low and the relative humidity is also low and the air is dry so that the body's resistance to pathogens is reduced and inflammatory diseases of the respiratory tract occur easily. Judging from the monthly average incidence through the years and the meteorological data, whenever rainfall is scarce and the temperature is rising, cases of epidemic meningitis increase suddenly. Its epidemic is influenced by the weather.

6. Pathogen-carrying Characteristic of Groups of People

It is generally believed that meningitis diplococcus is highly contagious; the pathogenicity is weak; the carrier rate of a group of people is high; but the incidence is low. Among groups of people, the increase of the carrier rate of the A group pathogens is definitely related to the incidence of the disease. In 1976-79, the atuhors carried out a survey of 2,359 persons of an epidemic and a nonepidemic region. A total of 673 persons were discovered to be carriers, amounting to a rate of 28.55 percent. The carrier rate of the epidemic region was 61.64 percent and that of the nonepidemic region was 13.30 percent. The carrier rate of the A group pathogens of an epidemic region was found to be 26.11 percent; and that of a nonepidemic region 1.18 percent. The difference was very obvious. The carrier rate of the 1-6 year old group was 17.20 percent; that of 7-15 year old 20.93 percent; that of the group of 16 years and older was 40.31 percent. The increase of the A Group carrier rate foretells a coming epidemic. In 1976, the A group carrier rate was found to be 41.75 percent of the total carriers and an epidemic of meningitis occurred in 1977 in the prefecture.

Forecasting the Condition of Epidemic Meningitis

On the basis of the four epidemics in the prefecture, the authors analyzed the condition and tried the following ways of forecasting:

1. Based upon the characteristics of periodic epidemic of meningitis, the trend of the epidemics throughout the years should be regularly observed to gain an understanding of the dynamic condition of the disease, to analyze the incidence, the mortality rate, the fatality rate, and to find the principle of and the reason for their variation, rise, and fall so as to make forecasts according to the periodic epidemic characteristic.

2. The change of incidence in the early-epidemic period should be observed. If compared with the same time 1-2 years previously, the incidence of the early-epidemic period has increased obviously, in terms of hundreds of percent, this fact forms an indication of the obvious increase or an increase in multiples of cases in the epidemic about to occur. If during the early-epidemic period, the incidence increases continuously more than 200 percent month after month, there is the possibility of an epidemic.

3. If during an early-epidemic period, the immune level of a group of people drops while the carrier rate of the group increases to above 20 percent, this is the sign of an epidemic coming.

4. The areas surrounding the eruption point of the previous year have the possibility of having an epidemic this year. If as an epidemic is barely starting, a large group of transient persons begin to gather, to come and go frequently, or to assemble for a meeting, epidemic meningitis often spreads faster.

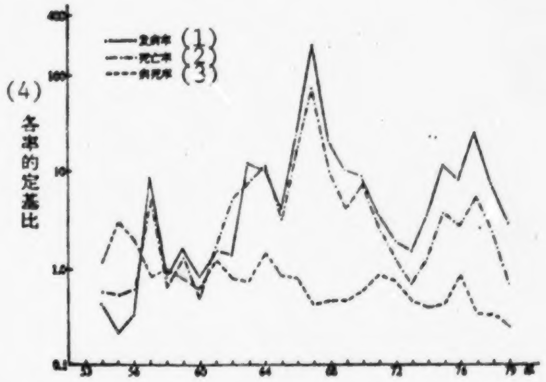
5. Attention should be given to communes of an incidence higher than 50/100,000, to observe the dynamic condition of the epidemic and to prevent it from spreading. In the process of an epidemic, the region often has several eruption points first, then, the epidemic spreads, in a geometric progression, surrounding these points.

6. Once an epidemic has involved more than 80 percent of a brigade or a commune, its intensity will begin to weaken.

Conclusion

1. This paper provides an epidemiological analysis of the condition of epidemic meningitis in Xuchang Prefecture in the past 27 years. Epidemiological characteristics in the yearly, monthly, regional, and age aspects are demonstrated. In the prefecture, a small epidemic of epidemic meningitis occurs every 3-5 years and a severe epidemic every 8-10 years. The seasonal peak is in March. The incidence is higher in the plains than the mountainous and hilly areas. The incidence is the highest in the 7-15 year age group; the fatality rate is the highest among the 0-3 year age group. The pathogens belong to the A group.

2. On the basis of analysis of the condition of epidemics, ways of forecasting an epidemic are preliminarily investigated and several opinions are proposed for reference. For example, the characteristic of periodic epidemics, the monthly changes of incidence during the early period of an epidemic, the increase of the A group carrier rate, the shifting of the age-group of the sick, and the influence of the weather on the incidence are tentatively used as indices for forecasting an epidemic.



Attached figure

Key:
(1) incidence [rate of occurrence]
(2) mortality rate
(3) fatality rate
(4) comparison of various rates with the base year

Trend of Development of Epidemic Meningitis in Xuchang Prefecture, 1953-79
(The year 1953 is considered to be 1.0 for all the rates)

6248
CSO: 5400/4019

PEOPLE'S REPUBLIC OF CHINA

DISTRIBUTION OF BACTERIAL TYPES OF SHIGELLA AMONG NORTHEASTERN TROOPS

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 1, 10 Feb pp 18-21

[Article by Military Research Institute of Medicine, Department of Supplies, Military District of Shenyang]

[Text] Bacterial dysentery is one of the common and high incidence diseases among the troops. An understanding of the yearly changes of the bacterial types of the various troops and the principle of epidemics of dysentery may provide a basis for studying and creating specific measures of immunization and prevention. Since 1973-79, the institute, in cooperation with related troops and hospitals, carried out a year-to-year survey of the bacterial types. In these 7 years, 27,585 strains of Shigellae have been collected from the troops of 13 areas, including Shenyang. Results of identification of these bacteria are reported in the following:

Origin of the Bacterial Strains

The 27,585 strains of Shigellae in the collection came from a yearly supply by the 32 units of designated troops and hospitals, according to a unified plan and identification procedure. In November-December, each unit had some selected representative strains delivered to the institute for reidentification. All of these strains came from the dysentery patients and carriers of the various troops and hospitals and the number of strains is computed according to the number of cases. The majority of the units used the dry SS agar medium, iron trisaccharide agar medium, and microbiochemical tubes prepared by the institute. The serum used for identification is the product of Changchun Institute of Biological Products, which is purchased by the institute in a unified manner and distributed to the various units.

Results of Identification

1. The Composition and Variation of Bacterial Groups: In the 1973-79 collection of 27,585 strains of bacillus dysenteriae, there are 903 strains of Shiga's bacillus (A group) (3.27 percent); 24,557 strains of Shigella flexneri (B group) (89.02 percent); 247 strains of S. boydii (C group) (0.9 percent); and 1,878 strains of S. sonnei (D group) (6.81 percent).

In the 7 years, the ratio of the B group had a tendency to increase from year to year, from the 86.77 percent of 1973 to the 93.45 percent of 1978; there was some reduction in 1979 compared with 1978. The D group relatively decreased and by 1978 it had dropped to 3.34 percent; but in 1979 there was an obvious increase of 10.16 percent. The ratio of the A group fluctuated very little. Regarding the ratio of the C group, aside from the sudden increase of 5.55 percent in 1979, the variations of the other years was not great (Table 1).

Table 1. Ratio of Various Shigellae in Troops of the Three Northeast Provinces (percent)

Year	Number of strains	Shiga's bacillus group	Shigella flexneri group	Shigella boydii group	Shigella sonnei group
1973	1,565	3.07	86.77	0.32	9.84
1974	3,963	3.30	86.47	0.42	9.84
1975	5,465	3.26	89.77	0.40	6.57
1976	4,863	3.86	90.30	0.39	5.51
1977	5,008	3.43	90.68	0.32	5.57
1978	3,746	3.10	93.45	0.11	3.34
1979	2,975	1.98	82.29	5.55	10.16
1955-64	17,292	7.7	80.6	1.6	10.1
1973-79	27,585	3.27	89.02	0.92	6.81

Judging from the composition of the groups in the varius troops from the years of 1955-64 to the years of 1973-79, the B group increased from 80.6 percent to 89.02 percent, while the other three groups relatively reduced.

The above results indicate that the dysentery cases of troops of this region are caused mainly by the Shigella group of S. flexneri.

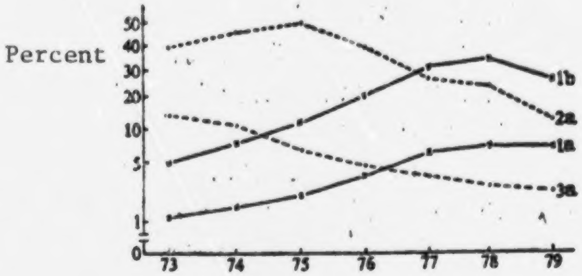
2. Condition of Changes of Bacterial Types:

(1) The Shiga's baccillus group: The type 1 has been detected every year since 1973, but the ratio is relatively low, amounting to 0.02-0.37 percent of the total number of strains in a year. According to the result of a 1955-64 survey of the distribution of bacterial types in the various troops, the Shiga's bacillus type 1 was as high as 7.8 percent in 1961; somewhat lower in 1962-64 but remained above 1 percent. In epidemics after 1973, this type is very rarely observed and its geographical distribution is also relatively limited.

The variation of the Shiga's bacillus type 2 in 1973-78 was not very great, all within 3-4 percent; in 1979 it dropped to 1.61 percent.

(2) The Shigella flexneri: In recent years, the S. flexneri 1b, 2a remain to be the major types among the troops of this region; the condition is largely similar to the survey result of 1955-64. The ratio of the two types has changed somewhat, however. The 1b type has a tendency of increasing from year to year. In 1975, the 2a type reached as high as 47.28 percent and dropped gradually after 1976 to reach only 13.01 percent in 1979 (Table 2). The 3a type was one of the major types before 1975, but since then it has gradually reduced in a speed of reduction more obvious than that of the 2a type. Although the ratio of the 1a type is not high, at 1.03-7.70 percent of the total number of strains in a year, it has increased yearly and the speed of the increase is similar to that of 1b (Fig. 1). the 2b type has been detected in relatively few number of strains in the past, not exceeding 3 percent; in 1973-79, it obviously increased to reach 4.34-11.51 percent. The 4 (4:-) type has a similar condition. The remaining types of S. flexneri are relatively rare, at levels below 3 percent.

3. Distribution of Bacterial Types in Various Areas: Geographically, the distribution of Shiga's bacillus type 1 is relatively limited, slightly higher in the areas of Harbin and Chaoyang, and aside from the two strains found in Tonghua, it is not detected in the other areas. The Shiga's bacillus type 2 varies in different ratios in different areas; it is the highest in Jinzhou at 6.34 percent, the lowest in Changchun and Siping, below 0.7 percent. The ratio of Shigella flexneri type 2a is the highest in all the areas; it is 40-50 percent in Changchun, Jinlin, and Duduanjiang, and 20-40 percent in the other areas. The next highest ratio is the 1b type at 15-30 percent. The difference in ratios of the two types in the various areas is not very great (Table 3).



Attached Figure. Condition of Increase and Decrease of Shigella flexneri Types 1a, 1b, 2a, 3a

Discussion

In the past decades, the composition of bacterial types of epidemics of dysentery in China change continuously; i.e. the Shiga's bacillus 1 type is gradually decreasing and in some areas it is already nonexistent. The Shigella flexneri is gradually increasing to become the dominant group. At present, the Shigella sonnei is also continuously increasing.[1] In Beijing City, the Shiga's bacillus type 1 was 34.4 percent in 1930-39 but in 1960 it reduced to 0.6 percent, while S. flexneri increased from 65.1 to 87.7 percent (1956), since then it decreases to 62.6 percent, and S. sonnei increases from

Table 2. Composition of Shigellae in Troops of the Three Northeast Provinces (percent)

Year	1973	1974	1975	1976	1977	1978	1979
Number of strains	1565	3963	5465	4863	5008	3746	2975
Shiga's bacillus type 1	0.06	0.15	0.04	0.06	0.02	0.03	0.37
" type 2	3.01	3.51	3.22	3.74	3.41	3.07	1.61
Shigella flexneri type 1a	1.03	1.64	1.88	3.48	5.41	7.61	7.70
" 1b	5.11	8.68	11.20	19.66	27.62	31.69	25.48
" 1c	0.32	0.13	0.27	0.08	0.36	0.29	2.08
" 2a	40.70	45.12	47.28	38.02	25.40	22.29	13.01
" 2b	9.65	4.34	8.96	11.29	10.34	11.51	9.85
" 3a	14.95	9.99	6.61	4.13	3.37	2.08	2.18
" 3b	0.38	0.38	0.42	0.72	0.40	0.24	0.94
" 3c	1.92	2.25	1.65	1.03	1.12	0.77	1.51
" 3	--	--	--	--	0.74	0.69	0.24
" 4a	0.19	1.06	0.35	0.74	0.57	0.96	1.24
" 4b	0.06	0.76	1.15	0.33	0.84	1.28	0.30
" 4c	0.38	0.03	0.02	0.23	0.02	0.53	0.13
" 4(4:-)	5.43	4.80	3.86	3.93	6.39	7.26	9.92
" 5	--	0.20	0.04	0.21	0.14	0.05	0.03
" 6	0.89	0.96	0.75	1.01	1.40	0.83	1.08
" x	1.80	2.49	1.59	2.28	2.76	2.75	2.39
" y	2.04	1.84	3.09	2.47	3.12	2.27	2.32
" undetermined	1.92	1.43	0.75	0.70	0.68	0.35	1.88
Shigella boydii	0.32	0.40	0.40	0.39	0.32	0.11	5.55
Shigella sonnei	9.84	9.84	6.57	5.51	5.57	3.34	10.16

Table 3. Distribution of Bacterial Types in Troops of Various Areas in 1973-79

Area		Jinzhou	Chaoyang	Changchun	Jinlin	Tonghua	Siping	Harbin	Total
A_1		0.03	0.27			0.16		0.45	0.09
A_2		6.34	5.15	0.67	1.95	1.88	0.59	2.96	3.18
Shigelli flexneri	1a	6.92	3.64	6.58	2.98	5.94	1.19	3.77	4.13
	1b	17.53	16.16	15.76	14.03	18.98	39.17	28.61	19.29
	1c	0.14	1.08	0.31				0.97	0.44
	2a	29.86	29.43	51.01	44.74	37.73	36.50	18.48	33.90
	2b	13.64	15.72	2.70	3.77	3.28		12.20	9.42
	3a	1.62	3.47	3.11	7.78	11.01	3.26	7.09	5.45
	3b	0.24	0.24	0.10	0.53	0.16	2.67	1.17	0.49
	3c	1.96	1.01		2.71	2.03	0.89	0.54	1.41
	3			0.41	1.99	0.08			0.25
	4a	1.41	0.13	0.67	1.06	1.64	0.59	1.17	0.73
	4b	1.03	1.68	1.45	0.53	1.95	0.59	0.54	0.76
	4c	0.17	0.07				0.30		0.16
	4(4:-)	6.34	8.82	3.01	4.10	3.67	0.89	6.73	5.67
	5	0.14		0.16				0.45	0.11
	6	0.41	1.35	0.41	1.16	0.55		2.06	1.00
	x	1.38	2.83	3.63	1.85	1.64	1.78	1.52	2.31
	y	1.62	1.38	2.95	2.42	3.75	2.97	1.70	2.55
		0.52	1.08	2.02	0.50	0.31	5.04	0.72	0.96
Shigelli boydii		1.65	0.47	0.16	1.06	0.47		0.54	0.90
Shigelli sonnei		7.06	6.03	4.87	6.85	4.77	3.56	3.34	6.81

Note: Due to limitation of space, areas of Shenyang, Dalian, Dandong, Yanji, Qiqihar, Dudanjiang, and others are not included in the table, but in the column for "total" these unlisted areas are included.

0.5 to 32.6 percent.[2] There is a similar condition in Shanghai. In Lyuda, the Shiga's bacillus type 1 was 39.33 percent in 1929; by 1953-55 it decreased to 0.13 percent while the S. flexneri increased from 60.6 to 94.83 percent.[3,4] According to the report of Zhou Huimin [0719 1920 3046][5,6] in Shenyang (1954) and Changchun (1954-55) the S. flexneri types were all at 91 percent and were the major group of epidemics. The authors collected and identified 27,585 strains in 1973-79 in the troops of the 3 Northeast Provinces and they were mainly S. flexneri (89.02 percent). Shiga's bacillus type 1 is very rare (0.09 percent) and among the troops in Changchun, Siping, Jinlin, and Yanji, it has not been detected for 7 consecutive years. This condition is similar to that of other areas of the Northeast and the rest of the country, except for the fact that the ratio of S. sonnei is lower than that of Shenyang (1972)[7] and Xuzhou (1973-75)[8] and there is also a tendency of decreasing. In the S. flexneri group, the 2a type is the most numerous in the majority of areas in the country; type 3 is the next. Some areas are the exception; for example in Lyuda City (1953-55) and Xuzhou (1973-75), the S. flexneri type 1b was the most numerous.

In foreign countries, below the 40's, Shiga's bacillus type 1 was the dominant tpe; it has since been decreasing; in the 50's the S. flexneri was the important group; since 1965, S. sonnei has been increasing to become the major type.[9] In [Zabuluohuang] Zaborovka (?) of the USSR, Shiga's bacillus was 66 percent and S. flexneri was 34 percent in 1946, by 1949, S. flexneri has risen to 81.4 percent, and in 1950 Shiga's bacillus had disappeared. In 1952, S. flexneri decreased to 58 percent and S. sonnei increased to 22 percent.[10] In the United States, of the 105,832 cases of 1964-73, the S. flexneri reduced from 60.6 percent of 1964 to 15.5 percent of 1973, while S. sonnei increased from 38.1 percent of 1964 to 83.6 percent of 1973.[11] In most countries, Shiga's bacillus has almost disappeared and this condition is basically similar to that of China except for a few areas in the Northeast. In the majority of areas, it has not been detected for several years. In China, S. sonnei increased somewhat in some cities in the 70's. Of the 2,142 strains reported in Shanghai, the ratio of S. sonnei is as high as 67.13 percent[12] but among the troops of various areas of the Northeast, it is mainly S. flexneri 1b, 2a. This fact is different from that of foreign countries and the cities of South China.

In the recent 7 years, the S. flexneri types 2a and 1b are also the major types among the troops of the three Northeast Provinces. Judging from the condition of distribution in 1973-79, although the composition and ratio of bacterial types of different areas in different years were somewhat different, the range of variation was not very obvious. Within a given period of time, the major epidemic types remain relatively stable. This situation provides the necessary condition for the use of specific preventive agents.

Conclusion

Of the 27,585 strains of Bacillus dysenteriae collected in 1973-79 from troops of 13 areas including Shenyang, results of identification reveal that Shigella flexneri was the most numerous, at 89.02 percent, and S. sonnei the next, at 6.81 percent. S. flexneri types 1b, 2a are the major types among the troops of this region. The two types together amount to 2/5 -3/5 of the total number of strains. Before 1976, type 2a was the leading type and after 1977, type 1b takes takes the place of type 2a. The distribution of the bacterial types in the various areas is generally similar. In 1979, the S. boydii and the S. sonnei groups increased over 1978. This is worthy of attention, but its reason still awaits further analysis.

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COUNTERMEASURES FOR PREVENTION OF NOSOCOMIAL INFECTIONS

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 3, 10 Jun 82 pp 173-176

[Article by Yu Qian [0060 3480] of Research Institute of Epidemiology, Chinese Academy of Medical Sciences]

[Excerpt] With respect to the problem of controlling nosocomial infections, the most basic principle is to grasp the real condition of nosocomial infections in the hospital quickly and accurately so as to adopt effective, practicable, and strict measures in time.

1. Grasping the actual condition of nosocomial infections. Whenever a patient of suspected nosocomial infection is discovered, the hospital leaders should be immediately reported to and a specialty team should be organized to be responsible for determining whether or not nosocomial infection exists. In the initial stage, it would not be realistic to demand all nosocomial infections to be reported. There should be a regulation to specify several types of infectious diseases to be reported; the emphasis should be the infectious diseases most possibly leading to cross-infections. Later, based upon the condition in the hospital, the types of nosocomial infections requiring reports may be gradually expanded. When a patient is admitted, the patient should be examined as thoroughly as possible to determine whether a certain infectious disease exists.

This specialty team may be called nosocomial infections survey and control team, and be made into an advisory body of the director of the hospital to proceed with the task. This team should be composed of representatives of all clinical departments (several physicians of departments of internal medicine, surgery, pediatrics etc. having close relationship with infectious diseases), representatives of the nursing department, the chief of the department of clinical examination, representatives of the department of supplies, the deputy director in charge of hospital management, etc.

In order that the overall condition of nosocomial infections in a hospital should be grasped, all the nosocomial infections should be investigated; therefore, persons of specialized skill must be trained.

2. Establishing a nosocomial infection ward. In a general hospital, as much as possible, a ward of infectious diseases should be established for patients of staphylococcal infection, enteritis, or postoperative pyocyanic infections,

to treat patients of nosocomial infections and patients of severe infectious diseases. In this manner, cross-infection may be prevented and concentrated reasonable and effective treatment may proceed.

3. Education of hospital employees. Hospital employees should be systematically and thoroughly taught the knowledge of infection prevention and disinfecting. Physicians have received education of these aspects in the schools, but in the work environment, they often overly trust the effects of treatment with chemical drugs and often neglect the problem of infection prevention and disinfecting. Reeducation after graduation may reinforce the concept of disinfecting and infection prevention so as to implement this knowledge seriously.

Nonmedical hospital employees have not had the education of infection prevention and disinfecting. After they have been hired, such professional education should be repeatedly carried out.

4. Formulating regulations of antibiotics application. Careless abuse of antibiotic chemicals will only increase drug-resistant bacteria in hospitals to cause the incidence of nosocomial or hospital associated infection to rise and to add new difficulties to the treatment procedure. When a newly introduced antibiotic drug, especially a drug effective for treating drug-resistant bacteria, begins to be extended, the formulation of rules of its application should be studied. There should also be certain definite regulation for preventing infection before and after surgery in terms of selecting antibiotic drug for this purpose.

5. Periodical inspections of cleanliness of hospitals. Areas of the hospital, such as the operating rooms, the hallways, the dialysis rooms, the nursery, and the infant-care equipment, etc. where nosocomial infections occur easily should be periodically inspected for bacteriological cleanliness. That is to say the number of bacteria falling from the air, the water used to wash hands before surgery, etc. should all be examined. Concrete methods for implementing these bacteriological inspections should be formulated by the nosocomial infection survey and control team.

6. Periodical examination and diagnosis of employees of special rooms and special types of jobs. At present, periodical feces examinations are required for those of the food and beverage industries and those of child-care organizations for the purpose of detecting pathogens of intestinal infectious diseases. In order to prevent and detect early stage hepatitis B, to detect HBs antigen, to protect health workers, and to prevent cross-infection with patients, it should also be required to have periodical examinations and diagnoses of those who work in the operating rooms, the dialysis rooms, the blood banks, the central chemical analysis laboratories, and those whose work is to treat and take care of patients and those who may possibly be contaminated by the blood of the sick. Because of the work environment, such periodical examinations are necessary to prevent the possibility of more extensive infections.

7. Other measures. A hospital should limit visitors. Bringing food into the hospital, visits by those suffering from colds or infectious diseases should be

prohibited. Children should not be allowed to enter a sick room. These measures should be gradually but thoroughly implemented.

Moreover, when a new hospital is being built or an existing hospital is being renovated, the architects and construction engineers must be given suggestions to take into consideration of nosocomial infection prevention. The air circulation system and air regulation equipment of a hospital must not be neglected.

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EPIDEMIC OF HEMORRHAGIC FEVER STUDIED

Henan Province

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 4, 10 Aug 82 pp 197-200

[Article by YAN Yuchen [0917 3768 6591], LIU Xueli [0491 1331 4409], et al.: "Preliminary Investigation on Etiology and Host Animals of Epidemic Hemorrhagic Fever in Henan Province"]

[Summary] In Jan-Jun 81, the first outbreak of epidemic hemorrhagic fever (EHF) occurred in 16 counties and 2 cities of Henan Province, with 8,138 reported cases and 80 deaths. Clinical symptoms are mainly fever, hemorrhagic spots under the skin, and gastroenteric disorders, and albuminuria in more than 80 percent of the cases. Compared with EHF reports of other regions of the country, the epidemic is milder and the fatality rate is lower. Most of the patients were infected indoors. EHF virus antigen was detected from rodents of the species, R. norvegicus, the locally dominant species. This paper reports serological comparison of the EHF virus antigen of this epidemic and the EHF antigen isolated from other parts of China and results of etiological studies of the EHF virus carried by R. norvegicus and field rodents of other species captured indoors and outdoors of this region.

Shanyi Province

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 4, 10 Aug 82 pp 201-203

[Article by XU Changwu [1776 2490 2976], JING Zengxiang [5427 1073 4382], et al.: "Epidemiological Investigation on An Outbreak of Mild Type Hemorrhagic Fever"]

[Summary] The first epidemic of hemorrhagic fever occurred in Shanxi in 1981, with a few cases in Yuanqu County on 9 March and some scattered cases all over the county by the end of April. In late May, a rodent extermination program was carried out in the entire county and the incidence of this epidemic began to drop in late June. In all, chemical analysis data were complete for 416 cases. From the patients, 64 serum specimens were examined with Korean Hemorrhagic Fever antigen and the specific epidemic hemorrhagic antigen provided by Danyang Cooperative group; 45 specimens were found to be positive (70.3 percent). Compared

with the Korean type, the clinical symptoms of this group are mild, the duration of the disease is short, the kidney damage is slight, and the fatality rate low (1.4 percent). It is believed that as no rodent of the species Apodemus agrarius was found locally and from the locally dominant species of R. norvegicus, 11.6 percent virus carrier rate was discovered, the latter must be the host of this epidemic. It is very possible that the change of host has weakened the toxicity of the virus. It should be worthwhile to isolate the virus for possible preparation of a vaccine.

Shenyang Military District

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 4, 10 Aug 82 pp 206-208

[Article by HE Yixiang [0149 0076 4382], ZHANG Rong [1728 1369], et al.: "Epidemiological Survey of Epidemic Hemorrhagic Fever in Shenyang Area"]

[Summary] In the 50's, only one epidemic of hemorrhagic fever (EHF) was reported in Santaizi in Shenyang area. In the 5 years of 1975-79, the occurrence of EHF was so frequent that a new epidemic area appeared to be established in the western suburb of Shenyang City, involving 11 of the 16 communes of that area. All EHF epidemics occurred in October-December with a single peak in late November to middle December. From the lung specimens of the 320 live rodents of the species Apodemus agrarius, an antigen carrier rate of 7.9 percent was detected. From the 425 rodents of the same species captured in 1980, a positive rate of 5.9 percent was detected. The serum IgG antibody examination of patients of the recovery stage produced a positive rate as high as 94 percent. The IgM antibody positive rate during the acute stage was 88 percent; 71.4 percent among patients on the 3d day of the disease; 100 percent on the 5th day. It appeared that IgM determination may be used for early stage diagnosis. Antibody determination of 39 healthy persons of the epidemic area produced no positive cases. There has yet been no discovery of latent infection.

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SURVEY, STUDY OF DENGUE FEVER UNDERTAKEN

Guangdong Province

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 4, 10 Aug 82 pp 209-212

[Article by ZHANG Qien [1728 0796 1869], AI Chengxu [5337 2110 4872], et al.: "Serological and Epidemiological Survey of Dengue Fever at Ya County, Hainan Island, Guangdong Province"]

[Summary] In May 1980 there was a sudden dengue III epidemic of relatively large scale in Hainan Island. A serological survey was conducted in Maling and Nanhai Communes of the southern tip of the island and Tongshizheng [a town] of the central part to compare the positive rate of dengue antibody of persons of the epidemic areas and the nonepidemic areas, to determine the antibody titer of different groups of people after an outbreak, to ascertain the cross immune reaction of dengue virus and encephalitis B virus antibodies, and to compare HI antibody reaction types of the acute stage and the recovery state. Results demonstrate that the serum antibody of all persons of the dengue fever epidemic area is elevated to some extent and there is no obvious difference in the serum antibody positive rate among persons of different age groups or different genders. Results of dengue III antigen HI tests of double serum specimens of the acute and the recovery stages indicate that this is the first dengue fever infection of this locality. There is no evidence of compound infection of Chikungunya disease in that area.

Hainan Island

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 4, 10 Aug 82 pp 213-214

[Article by CHEN Wenzhou [7115 2429 3166], ZHOU Liwen [0719 4539 2429], et al.: "Isolation of Virus Type III Dengue Fever From Aedex Aibopictus, Collected in Hainan Island"]

[Summary] In 1980, in the coastal region of Hainan Island, dengue fever of primary mosquitoes of Genus Aedes occurred for the first time. Dengue virus type III was isolated from Aedex aegypti alone at first; later as the epidemic

spread gradually, in 1981, 5 strains of the virus were isolated by the authors from 7 batches of 50 mosquitoes, captured from the homes and surrounding areas of dengue fever patients, belonging to Aedex aibopictus, and another 3 strains of virus from 4 other batches of 18 mosquitoes of the same species. Through complement combination and neutralizing tests, these strains were identified to be dengue fever type III virus. This is the first type for this virus to be isolated in China from Aedex aibopictus. The process and the result of the process of identifying this virus are reported.

CSO: 5400/4021

BRIEFS

INFANT EPIDEMIC AND DRINKING WATER--In July 1980, in Dongwanmao Brigade of Tanghekou Commune, of Huairou County of Beijing there was an epidemic of a disease with major symptoms of suffocation, fever, and violent headache, attacking mainly infants. The first case occurred in early July and the last in the middle August, totaling 122 cases, at a rate of occurrence of 27.73 percent. There was no death. Among the 88 persons of the neighboring village, 5 li away and drinking from a different well, there was not a single case of this disease. Cox B_3 virus was isolated from 1 saliva specimen and 4 feces specimens and clinical symptoms confirm with those of CoxB infection. Epidemiological survey did not reveal any suspicious food. The barefoot doctor dropped a bag of bleach in the well and incidence of the disease dropped suddenly 25 days later. [Article by BAI Fengqin [4101 7364 3830], WU Guikun [0702 6311 0981], et al.: "Epidemic Chest Pain Caused by Coxsackie Virus B_3"] [Summary] [Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 4, 10 Aug 82 pp 221-224]

GASTROENTERITIS EPIDEMIC--Epidemics of gastroenteritis involving mostly infants under 2 years of age occur frequently in Lianyungang City. Treatment with various types of antibiotics usually produces no effect and serious dehydration and malnutrition in the early stage led to some fatalities. In 1974 Middleton et al reported similar epidemics in Canada, occurring mostly in the winter with about 4 days incubation period and the tentative identification of Rotavirus as the pathogen. In the middle of October 1980, there were some such cases in the outpatient clinics. Later the incidence began to rise to reach a paroxysm in the early and middle November; it dropped in late November. Feces specimens were collected of typical acute cases for etiological inspection. Electromicroscopic observation revealed rotavirus granules. Whether or not these epidemics of acute infant gastroenteritis are in fact due to rotavirus is not yet conclusively determined, however. [Article by LIU Yilin [0491 0001 7792], CHEN Bojin [7115 0130 3866], et at.: "Epidemic of Acute Gastroenteritis Due to Rotavirus in Lianyungang City"] [Summary] [Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 4, 10 Aug 82 pp 225-226]

TWO VIRUSES CAUSE EPIDEMIC--In 1977, the new A_1 type influenza occurred in Liaoning and Jilin and was spreading southward. In Guangdong, the variation of A_3 type (Yuefang 77-38) appeared and was spreading northward at the same time. In early August, an epidemic of the new A_1 was found in Shijiazhuang City and by early September the A_3 was also isolated. During the first period, August-November 77, of the epidemic, it was primarily the new A_1 type; during the later period, January-February 1978, it was primarily the A_3 type. When antigens of both subtypes were used to determine the antibody of a patient, in some patients, the type of serum antibody growth was found to be not the same type of virus strain isolated from the saliva of the same patient. Details of the epidemiological study are reported. [Article: "Etiological and Serological Investigation of Influenza Epidemic, Caused by Two Types of Virus Simultaneously in Shijiazhuang City in 1977"] [Summary] [Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 4, 10 Aug 82 pp 236-238]

SEASONAL SPREAD OF MALARIA NOTED-- In Shandong Province, malaria epidemic is obviously seasonal. From late June to early October 1980, the authors observed the factors relating to the malaria vector Anopheles hyrcoanus sinensis and calculated the variation of the capacity of the vector to spread malaria, using the equation in Molineaux, L. 's "Lecture on Epidemiological Mathematical Models." Results of the calculation reveal that the epidemic is relatively low in June, rises slightly in July to reach an obvious peak in August and begins to ease up in late September. These results coincide with the fact in Shandong Province. [Article by FAN Tianbao [2868 1131 1405], CHENG Yiliang [4453 5030 0081], HU Yuxiang [5170 3768 4382]: "Observation of Seasonal Dynamics of Anopheles Hyrcanus sinensis as Vector of Malaria Plasmodium vivax in Rice Fields of the Southern Part of Shandong Province"] [Summary] [Beijing ZHONGHUA LIUZINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 4, 10 Aug 82 pp 218-220]

CSO: 5400/4021

BRIEFS

H-FEVER EPIDEMIC REPORTED--GUAGUA, Pampanga, Sept. 7--An H-fever epidemic has broken out in barangay Pulongmasle here, claiming the life of a nine-year-old girl and downing 20 other children. The lone fatality was identified as Alice Balatbat. Mayor Israel B. Usoof said he has asked Pampanga Gov. Estelito P. Mendoza for assistance in supplying the needed medicine. Usoof said local health authorities and a medical team sent by the Ministry of Health could not contain the epidemic due to lack of medicine. [Manila PHILIPPINES DAILY EXPRESS in English 8 Sep 82 p 2]

CSO: 5400/5783

EDITORIAL WARNS ON MALARIA

Colombo SUN in English 4 Sep 82 p 7

[Editorial]

[Text] Despite a highly organised offensive during the last three or four decades, malaria remains a major health hazard in Lanka. Two days ago the government finalised another agreement with the World Health Organisation (WHO) to launch a five year plan costing 636 million rupees to eradicate the menace.

Reportedly the targets set by this world body and the government have hardly been achieved despite significant accomplishments in containing the spread of this dreaded disease.

The deadly mosquito Anopheles which has killed thousands of people in Lanka down the years seems to continue to strike with a vengeance. Considerable success was achieved in fighting the menace with DDT several years ago.

But that had its own limitations. Not only did the mosquitoes develop resistance to it, but experts soon realised the environmental adversities that followed the spraying of DDT. Lanka is still dependent on pesticides like malathion. There seems to be no safer alternatives.

The battle against malaria cannot really be fought only with foreign funds and expertise. It must be done at grass-root level with the help of the people and their local officials.

What is most vital is the information and monitoring mechanism to keep tab of affected areas and patterns of recurrence. It must be followed by an honest officialdom to ensure that preventive measures like spraying operations are done in a systematic manner.

The lethargy and indifference that is rampant among most local officials and their minions have already compounded the crisis. It is also regretable that some bureaucrats continue to wilfully under-estimate the crisis for the sake of the laurels from abroad for a 'job-well-done' in containing the epidemics as stipulated in their own reports. This could even be a ruse to obtain plum foreign appointments.

Unstinted public co-operation particularly in keeping sources of mosquito breeding under control is imperative. At present the lack of civic consciousness has been one of the most significant contributory factors of the malaria syndrone.

Unless the people decide to help themselves in removing these veritable stumbling blocks, malathion or any other medicine cannot produce miracles.

Besides the indiscriminate use of pesticides in Lanka (believed to be one of the highest in the world) is already having disastrous ecological consequences. The ultimate backlash of that would be worse than malaria.

CSO: 5400/5783

BRIEFS

CHOLERA REPORTED IN TRINCOMALEE--Two people have died of Cholera after being admitted to the Trincomalee Hospital, according to reports from Police Headquarters. [Colombo THE ISLAND in English 6 Sep 82 p 1]

CSO: 5400/5783

STEPPED UP MEASLES IMMUNIZATION CAMPAIGN PLANNED

Lusaka TIMES OF ZAMBIA in English 4 Sep 82 p 5

[Text] **A CAMPAIGN** should be launched to combat measles in shanty townships from where the disease mainly originate, acting assistant director of medical services Dr Sam Nyaywa has said.

The low immunisation coverage on the Copperbelt was causing concern in the Ministry of Health and it was clear that failure was because of poor management and lack of initiative.

Speaking at the national expanded programme of immunisation seminar held at the Ridgeway campus of the University of Zambia, Dr Nyaywa said the Government had more than met its obligations in the immunisation campaign.

Despite the unfavourable economic situation the recurrent budget allocation to the immunisation campaign had risen from K45,000 last year to K300,000 this year.

The budget allocation for buying vaccines had also gone up from K99,000 last year to K300,000.

In spite of the scarcity of foreign exchange the country had never experienced a shortage of vaccines at any time of the year.

To speed up the exercise on the Copperbelt, Dr Nyaywa directed provincial supervisors to convene a meeting of immunisation supervisors from the mines, district councils and hospitals to thrash out an effective campaign.

Some provinces were doing well and would be able to achieve the target of immunising every child before 1990.

The Eastern Province was at the moment leading in the campaign. In 1981, 60 per cent of the children in the province were immunised.

"I am calling on the three most backward provinces in immunisation, namely Southern, North-Western and Copperbelt to work even harder this year so that they can raise their coverage from the present 30 per cent to around 60 per cent next year."

CSO: 5400/5784

BRIEFS

MEASLES DEATHS in 1981--NEARLY 2,000 children died from measles last year due to lack of health education, acting assistant director of Medical Services [preventive], Dr Sam Nyaywa, said yesterday. Dr Nyaywa said out of 51,748 cases of measles recorded by health institutions last year, 1,857 died from the disease. [Excerpt] [Lusaka DAILY MAIL in English 4 Sep 82 p 1]

CSO: 5400/5784

CONTROVERSY CONTINUES OVER RESEARCH USE OF LIVE VIRUS

Views of Scientists

Canberra THE AUSTRALIAN in English 25 Aug 82 p 3

[Article by Vernon Graham: "Scientists Split on Disease Imports"]

[Text] SCIENTISTS are seriously split over Federal Government plans to import foot and mouth and other dangerous exotic animal viruses.

At a special forum at Geelong, Victoria, yesterday they disagreed about the value of importing the diseases.

The CSIRO wants to hold the diseases for diagnosis and later research and vaccine-making at the $145 million Australian National Animal Health Laboratory, which is nearing completion on the outskirts of Geelong.

The conference was organised by the National Farmers Federation, which hoped the scientists could reach a consensus on the disease plans.

A group of scientists led by the head of the Department of Immunology at the Australian National University, Professor Bede Morris, said the live virus was not necessary for diagnosis and posed a great risk to livestock industries.

An outbreak of foot and mouth would jeopardise Australia's best overseas meat markets.

Professor Morris said Australia could not justify spending large amounts of money on diseases the country did not have, while more pressing agricultural research was neglected.

He said foot and mouth could be easily identified with inactivated material from overseas which could be stored at the laboratory.

Professor Morris said new generations of "synthetic" foot and mouth vaccines were being developed, and would eventually make the laboratory a white elephant.

Three overseas scientists at the meeting agreed that a live virus was not needed for diagnosis, but said foot and mouth should be held at the laboratory.

A former secretary of the British Agricultural Research Council, Sir William Henderson, said live foot and mouth virus should be brought to Australia in advance of an outbreak.

He said the virus could be safely held at the laboratory and used to teach staff and veterinarians how to identify and handle an outbreak.

This view was shared by the director of the Plum Island Animal Disease Centre in the United States, Dr Jerry Callis, and the deputy director of the Pirbright Animal Virus Research Institute in England, Dr Fred Brown.

Dr Brown said new types of safe vaccines produced by techniques such as genetic engineering were on the way.

Vaccines made from a live virus could spread the disease and would be used in Australia only as a last resort if slaughtering programs could not cope.

Both men stressed that Australian scientists must work with the live disease if they were to gain competence in recognising and testing foot and mouth.

The Federal Government's top veterinarian, Dr Bill Gee, said the risk of a disease escape from the laboratory was nil.

He urged producers to recommend that foot and mouth be imported so scientists at the laboratory could learn to diagnose quickly and competently.

Government Position

Perth THE WEST AUSTRALIAN in English 24 Aug 82 p 27

[Text]

CANBERRA: Research into live exotic animal-disease viruses should be undertaken at the Australian National Animal Health Laboratory, the Primary Industry Minister, Mr Nixon, said yesterday.

He said that the laboratory needed to work with live viruses if it was to carry out its functions properly.

But the Government would be guided by the findings of a special security assessment group and by industry organisations on whether such viruses should be introduced.

The livestock industry has strongly opposed the proposed use of live foot-and-mouth disease virus at the laboratory for fear that it could escape.

The $120 million laboratory, which is being built at Geelong, is expected to be fully operational in 1984-85.

At a forum at the laboratory yesterday, Mr Nixon said that the Government was not trying to bulldoze through any decision on the issue.

Testing

The laboratory would be ready to handle live viruses only after rigorous testing and proving by the special security group.

It would be at least two years before the laboratory would be equipped to go ahead with such research.

Mr Nixon denied recent assertions that primary-industry groups were not told about the presence in Australia of rabies, swine fever and Newcastle disease.

He said that four industry organisations had acknowledged the use of exotic-disease viruses in a submission prepared in 1977. The commission had supported the laboratory's establishment.

The organisations were the Australian Dairy Farmers' Federation, the Australian National Cattlemen's Council, the Australian Wool and Meat Producers' Federation and the Woolgrowers and Graziers' Council.

CSO: 5400/7587

CHARACTERISTICS, TREATMENT OF ANTHRAX EPIDEMIC REPORTED

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese No 2, 10 Apr 82 pp 77-79

[Article by Ye Zongyin [0673 1350 5593] of Yanning Prefecture Public Health and Epidemic Prevention Station, Hubei Province: "Outbreak of Anthrax Infections in Humans and Domestic Animals and Treatment of Infectious Foci in Jiayu County"]

[Text] 1. The Process of Epidemic

On 18 July 1979, a water buffalo died suddenly while feeding; that was the beginning of an epidemic of anthrax infections in the two brigades of Wujing and Weixing of Maan Commune, Jiayu County, Hubei Province, involving human beings and domestic animals. The epidemic lasted 19 days among the cattle to cause 51 water buffalos to be sick and 15 of them died. Due to the fact that the disease was not discovered in time, Chengguan Township and three other communes were contaminated to leave serious aftereffects. It spread among the cattle, two brigades, and seven production teams. the anthrax epidemic among human beings started about 48 hours after the death of the first water buffalo, i.e. on 20 July and the last case involving a person appeared 4 days after the last cattle death, i.e. on 9 August. The epidemic continued for 21 days, involving two brigades, four production teams, some direct subsidiary units of the commune, and Chengguan Township.

2. Clinical Characteristics of Patients

The shortest incubation period of patients was 1 day and the longest 12 days, averaging 6 days. There were a total of 32 cases of anthrax infection: 1 case of intestinal anthrax and 31 cases of skin anthrax.

The case of intestinal anthrax took sick on 1 August, suffering from sustained high fever, abdominal distention, diarrhea, and watery feces. When the condition became more severe after emergency care, a massive dose of penicillin, 14 million units/day, was intravenously dripped. The fever receded after 3 days and the patient recovered a week later.

Of the 31 cases of skin anthrax, the majority had local involvement of the exposed parts of the body, amounting to 86.67 percent of all cases of the skin anthrax group. In 16 cases, the upper limbs were involved, in 9 cases the lower limbs, 2 cases the head and neck (1 involving the lips) and 4 cases the trunk. Patients of skin anthrax were all able to tell the process of involvement. The disease started out as papules, eczema, and the formation of blisters followed. The blisters opened up, festered, and became ulcers, with a coal-like black scar in the center and edema surrounding it, which did not cave in when pressed. There were also small blisters not obviously painful but they swelled and itched. The victim's lymph nodes swelled and aside from the localized skin symptoms, the patient generally suffered from headache, dizziness, chills, a slight fever, general discomfort, lack of energy, and sleepiness, with a white cell count of 4,900-8,700/mm^3, and a neutral polymorphic cell ratio of 51-70 percent, not very high as a rule, a lymphocyte count of 21-41 percent, an acidophil cell count of 2-19 percent.

Specimens of the scar and the secretion of patients were taken for Ascoli's reaction test, microscopic examination, isolation culture, and animal test and the results were all positive. During the period of the epidemic, the temperature was very high and before the onset of the illness, the skin of these patients was not in a very perfect condition.

3. Forms of Infection

Butchering the dead cattle led to 7 cases of infection, cutting the meat led to 12 cases, washing the meat led to 3 cases, touching the dead cattle led to 3 cases, swimming in the pond contaminated by the dead cattle led to 3 cases, standing by to watch the dead cattle being butchered and being spattered by the blood of the cattle led to 2 cases, eating the meat of the infected cattle led to 1 case, using teeth to bite the vein of the meat when a knife could not cut through led to 1 case.

In the Production Team No 7 of Wujing, there were more persons who ate the meat than the other teams. Aside from the 31 cases of skin anthrax caused by direct contact with the dead cattle or the meat, of the 269 persons who ate the meat, 139 suffered from various degrees of toxic reactions, including headache, dizziness, discomfort, and mild diarrhea, amounting to 51.67 percent of all the persons who ate the meat.

4. Epidemiological Characteristics

(1) This epidemic occurred during the peak season of this disease. The temperature was regularly at about 40°C. After the water level of Changjiang receded, it had not rained for a long time. The shortness of the duration of such an intense epidemic was the result of the adoption of effective measures, however.

(2) Concentration of Units of Epidemic Prevalence. Aside from Daxing Brigade, the production teams of all the sick and dead cattle were located on a line next to the bank of the river. At Wujing Brigade, the work of transplanting the intermediate rice crop had just concluded and the water buffalos were all grazing day and night on the willow-tree-dotted grassland of the alluvial beach below the embankment of Changjiang. This patch of grassland just emerged from the receded tidal water about 10 days before the first water buffalo got sick.

(3) The epidemic among human beings occurred after the epidemic among the cattle and when the epidemic of the cattle ended the disease also stopped spreading among the people. The sick people concentrated in the Production No 7, where the members ate the 4 dead water buffalos, numbering 21 cases, 65.63 percent of the total number of cases of the epidemic.

(4) The epidemic involved mainly water buffalos and humans. After emergency rescue and treatment, there were no deaths among the sick. The dead water buffalos and the sick people were all correctly diagnosed to have anthrax infection. At the peak of the epidemic, there were several deaths of pigs and sheep, but they were not precisely diagnosed to be infected by anthrax. There was no observation of anthrax infection of other domestic fowls or animals and no dead fish was observed. The sick persons were mostly adults (29 cases) and only a few children (3 cases). They were mostly male (24 cases), and only a few females (8 cases).

(5) Analysis of Origin of Infection. There had been no occurrence of anthrax infection in the two brigades of Wujing and Weixing, and no cattle had been purchased or exchanged from outside the area in recent years. There was no doubt that the infection originated in Wujing Brigade, which is located on the river embankment line. According to an analysis of the epidemiological characteristics, as the water buffalo became sick just after the conclusion of the work of transplanting the intermediate rice crop and just when the water buffalos were grazing on the willow-dotted grassland on the alluvial beach below the embankment, it may be inferred that this low area was contaminated by the swelling water. Due to the fact that the high temperature was favorable for the propagation of the anthrax spores, the area had become the breeding spot for anthrax and the forage of the breeding spot became the source of infection. This type of source of infection is in need of attention.

Treatment of the Area of Epidemic

1. Elimination of Anthrax Among Domestic Animals

(1) Strictly sealing off the area of epidemic, disinfecting it, and forbidding men and animals to enter it. There should be designated areas for the healthy cattle to graze and to drink water. Eating the meat of animals that have died of the disease should be prohibited. The meat, hide, and bones of the sick water buffalo that had been butchered should be located and after taking specimens they should all be burned. Purchasing and transferring in the epidemic area should cease and the masses should be organized to catch the dogs and cats to prevent the disease from spreading. The shed of the dead cattle, the place where the cattle died, and the place where the dead cattle were butchered should be burned with diesel oil before being disinfected with 10 percent caustic soda.

(2) Sick cattle should be seriously isolated for treatment: The treatment technique is muscular injection of massive doses of penicillin for 6 days. On the basis of the general condition of the cattle, there should be cardiotonic fluid supplements, intravenous injection of glucose, with ascorbic acid and 10 percent antianthrax serum. The healthy cattle of the infected area should be given muscular injection of penicillin for 3 days as a preventive treatment.

(3) Establishing an immune zone: The cattle of nearby communes that are seriously threatened by the epidemic and the healthy cattle of areas surrounding the contaminated area should be injected with nonpoisonous anthrax spore vaccine. Those cattle and pigs of the epidemic area that had been injected with penicillin for preventive treatment and observed for 3 days, should be injected with nonpoisonous anthrax spore vaccine.

2. Isolating Patients for Treatment. All patients of skin anthrax were admitted to the temporary isolation room of the brigade to be treated locally, with 1 - 2 million units/day of penicillin, divided into four muscular injections. For those whose symptoms were on the head or neck, the dosage of penicillin was enlarged to 5 - 10 million units/day for intravenous drip. The local lesions were washed with 1:1,000 potassium permanganate before applied with a solution containing 1,000 units/ml of penicillin. Surgery and squeezing or pressing were prohibited. The duration of treatment was 7-10 days.

3. Protecting susceptible persons: For those of the epidemic area who ate the meat of dead cattle, 2 g/day per adult of terramycin was administered to be taken in 4 doses and continued for 5 days before preventive vaccination. For persons living in areas surrounding the epidemic area, nonpoisonous live anthrax vaccine was used for inoculation as a preventive measure.

4. Disinfecting source of epidemic. The dressing, bandage, cotton, leftover food, and indoor trash related to the sick were burned. The leftover beverage or liquid food and excretory materials were mixed with 20 percent emulsion of bleach to disinfect for 10-12 hours. All food containers were boiled for half an hour in a 2 percent soda solution. The bedding, clothing, etc. of the sick were high pressure disinfected; the floor and walls of the bedroom were sprayed with 20 percent bleach emulsion in doses of 500 ml/m^2. The bathrooms, trash, wastewater tanks, and all others that were possibly contaminated were sprayed with 20 percent bleach emulsion twice, 3 hours apart. The contaminated sources of water were treated with bleach for superchlorine disinfecting. The cattle sheds and the bodies of the cattle were sprayed with 223 emulsion to exterminate mosquitoes and gadflies to prevent mechanical spreading of pathogens.

After the above measures were carried out, the areas were observed for 12 days, and as there was no more occurrence of the disease, the epidemic was considered as basically over. Close observations must be continued for 10 years, however.

Discussion and Conclusion

1. For 19 days, from 18 July to 5 August, there was an epidemic of anthrax among the cattle of the two brigades of Wujing and Weixing in Maan Commune of Jiayu County and for 21 days from 20 July to 9 August there was an epidemic of anthrax among the people. There were a total of 51 affected water buffalos and 15 died; there were 32 cases among the people and all were cured. The human anthrax occurred after the cattle anthrax epidemic and was caused by the dead cattle. This fact coincides with the general principle of epidemic of this disease.[2] Compared with conditions of epidemics of this disease reported from various places in recent years, the number of dead large animals was greater than the anthrax epidemic of Huaiyuan County of Anhui Province in 1974

in the same season of the year[7] but smaller than the epidemic in Jiaxing County of Zhejiang Province in 1971,[8] the epidemic in Boyang County of Jiangxi Province in 1976,[4] the epidemic in Baoshan County of Yunnan Province in 1976,[6] and the epidemic in Dujun City of Guizhou Province in 1977.[5] This was the result of effective measures and the all-out efforts of the veterinarians. The duration of the epidemic is basically the same as the epidemics of the same period of the year in other regions (such as the epidemic in Junxian of Hubei Province in 1975,[9] the epidemic in Xuwen County of Guangdong Province in 1976,[11] the epidemic in Lingao County of Hainan Island in 1972,[13] the epidemic in Baoshan County of Yunnan Province in 1976.[6] It is, however, much shorter than the epidemic in Jiaxing of Zhejiang Province in 1971,[8] the epidemic in Huaiyuan County of Anhui Province in 1974,[7] the epidemic in Boyuang County of Jiangxi Province in 1975,[4] and the epidemic in Duyun City of Guizhou Province in 1977.[5] The basic problem is timely diagnosis, fast adoption and implementation of measures to control the epidemic among the cattle to guarantee the safety of the people.

2. It has been surmised that the origin of this epidemic is water. The disease spreads through water to form a propagation point of anthrax to contaminate the forage which causes the cattle to be infected. The infected cattle spreads the epidemic to the people. This condition is common in regions of low and humid terrain or in regions frequently flooded.[14] It is to be regretted, however, that the anthrax propagation point, the forage, etc. were not examined with bacteria isolation techniques and treated with disinfectants.

3. Aside from one case of intestinal anthrax, all the 31 cases were skin anthrax. The white cell count was not high, or even too low. The neutral granular cell ratio was not high, or even too low, lymph cell count was high, however. According to related literature[1,3] the white cell count of all forms of anthrax is mostly elevated (to about 15,000 mm^3) and may reach as high as 60,000-80,000/mm^3; and the ratio of neutral granular cells is also elevated. This does not coincide with the result of observation of this epidemic and this difference is worthy of further research.

4. In 1966, Zhang of the Chenzhou Prefecture Public Health and Epidemic Prevention Station of Hunan Province reported that the dead animals contaminated the fish pond to cause the fish to die.[12] In 1977, Yan and Zou of the Shangyao Prefecture Public Health and Epidemic Prevention Station of Jiangxi Province isolated Bacillus anthracis from the dead fish of the anthrax contaminated pond.[14] This time, one water buffalo died in a fish pond; afterwards, 3 children went into the pond and were infected with skin anthrax. The phenomenon of dead fish was not discovered, however. This is perhaps because of the degree of contamination being insufficient to cause the fish to die but sufficient to infect humans. Can this fact demonstrate that the susceptibility of fish to this disease is lower than that of human beings?

6248
CSO: 5400/4017

SRI LANKA

HEMORRHAGIC SEPTICEMIA STRIKES CATTLE

Colombo SUN in English 7 Sep 82 p 7

[Article by Dr. Malcolm De Alwis, Veterinary Research Institute, Peradeniya]

[Text] The development of irrigation schemes and the consequent expansion in paddy cultivation on one hand, coupled with the spiralling cost of tractors and fuel on the othr has restuled in a tremendous increase in the requirement of draught animals.

In areas covered by major projects like the Mahaveli development scheme, this need has already been felt. Steps taken by the Mahaveli Authority of Sri Lanka to meet the shortage of animals in the Mahaveli 'H' area were spotlighted recently.

Sri Lanka has a cattle population of 1.6 million and a buffalo population of 0.9 million. Of this, about 1.0 million cattle and 0.6 million buffaloes live in what is called the "dry zone" comprising the districts of Anuradhapura, Polonnaruwa, Trincomalee, Mullaitivu, Vavuniya, Mannar, Jaffna, Batticaloa, Amparai, Moneragala, Puttalam, and parts of the Kurunegala, Matale, Kandy and Badulla districts.

Traditionally cattle and buffaloes, particularly the indigenous types are reared in these areas for draught purposes. A small proportion of animals where possible, are milked either for local consumption or for the sale of milk, where a marketing facility exists. Part of the stock are usually sold to the butcher periodically, and constitute the principle source of beef in Sri Lanka.

Killer Diseases

In the face of an increasing demand for draught animals and programmes designed to increase the stock numbers, Sri Lanka can no longer bear the losses caused by devastating contagious diseases of cattle and buffaloes.

Since the eradication of the dreaded disease Rinderpest in the 1940s, haemorrhagic septicaemia (popularly known as HS) emerged as Killer No. one in the dry zone of Sri Lanka. The disease is well recognised by the dry zone farmers as cattle plague and in different regions. The former is a very appropriate term to describe the disease as it is caused by a bacterium (known as Pasteurella), which belongs to the same family as the bacterium that causes human plague. The latter term signifies a characteristic symptom of the disease viz the swelling of the throat region.

Sporadic cases of HS have been suspected to have occurred since 1915 but the disease assumed epidemic proporations in 1955/56 when its identity was confirmed. In the dry zone the disease has become endemic. It occurs almost at all times of the year, but particularly during August to December with a peak around October.

Economic Losses

It has been estimated that about 7 per cent of cattle and about 14 per cent of buffaloes are lost annually due to HS. Most of the losses are among young animals over 6 months and under 2 years of age. The incidence of the diseases is higher in large, free grazing herds than in small groups of animals, reared in isolation.

In the non-endemic parts of the country, particularly the south-west quarter, occasional outbreaks occur and in such instances losses may be higher, reaching at times up to 80 per cent of the herd. The hill country (over 3000 ft.) is virtually free of the disease.

Economic losses in the dry zone alone have been estimated at 90 million rupees, taking the carcass value alone. The actual losses, taking into account the breeding and production potential of the animals, the loss of draught power, and the prohibitive cost of alternate sources of draught power, is inestimable. These losses often escape unnoticed, but is in fact a tremendous drain on Sri Lanka's livestock resources.

Diagnosis

The disease is recognised by the characteristic swelling in the throat region, and respiratory distress, death occurring from a few hours to one or two days. Occasionally, a few animals, particularly cattle may linger for a few days. HS is almost invariably fatal. Animals respond to treatment only if carried out in the very early stages, but early detection is hardly possible among the semi wild dry zone animals. A clinical diagnosis can be made by any veterinarian, and confirmed by the examination of blood at the Veterinary Research Institute or at any of the Regional Veterinary Investigation Centres.

The disease strikes suddenly, and takes a toll of its victims with lightning speed. In some instances by the time veterinary assistance is sought, neither clinically ill animals nor carcasses are available for a diagnosis. In such situations, detection of the antibody against the disease in the incontact survivors helps to establish a diagnosis.

HS can be prevented by vaccination. This has been the practice in Sri Lanka since the mid fifties. The vaccine is prepared locally. Due to difficulty in in securing the semi-wild dry zone animals for vaccination, annually, only about one third of the susceptible cattle and buffaloes get vaccinated, and the impact of such vaccination programmes on reducing losses have been small.

Prevention

A considerable amount of research on the epidemiology of the disease and on vaccines has been done in Sri Lanka. This has led to a better understanding of the disease and the economic production of improved vaccines.

Last year an intensive vaccination programme was carried out in the Mahaveli 'H' area by collaboration between the Department of Animal Production and Health and the Mahaveli Development Board, and the incidence of HS during the season was effectively controlled.

This year, Rural Industrial Development Minister, S. Thondaman has initiated a scheme to extend this intensive vaccination programme to the entire Anuradhapura and Polonnaruwa districts and the endemic parts of the Kurunegala district. This is done by a collaborative effort between the Department of Animal Production and Health and the National Livestock Development Board. This crash programme aims at immunising at least 75 per cent of the susceptible stock in these districts during a 3 month period prior to the season. The vaccine required for this purpose is prepared at the Veterinary Research Institute, Gannoruwa, incorporating the improvements resulting from all recent research findings in Sri Lanka.

Progress

A scheme to carry out an intensive immunisation programme in the entire endemic zone has been prepared by the Ministry. It is estimated that the approximately 2 million doese of vaccines required for this purpose can be produced using the appropriate technology developed locally at a cost of under 15 cents per dose and the cost of field services required for the administration of the vaccine is approximately Rs. 1.50 per animal.

In the face of the massive economic losses resulting from this disease, as a result of losses to our National herd, an intensive control programme on an islandwide scale is coisidered economically worthwhile.

CSO: 5400/5783

'LETHAL YELLOWING' DISEASE WIPING OUT COCONUT PALMS

Nassau THE TRIBUNE in English 4 Aug 82 pp 1, 12

[Article by Marcia Bethell]

[Excerpts] Hundreds of Coconut Palm trees in the downtown Freeport area have been "wiped out completely" by the incurable "Lethal Yellowing" disease which has spread extensively throughout Grand Bahama over the past two years.

The disease, which has biological researchers baffled as to exactly what it is and how it is transmitted, reached epidemic proportions in some areas of the Caribbean and Florida during the mid-1970's. The disease is fatal to the Jamaican Tall coconut tree, common to the Bahamas, and a dozen other species of palm including Thatch Palm, Royal Palm and Date Palm.

According to Mr Albert Grey, vice president of the Lucaya Services, responsible for the maintenance of all public landscaping in Freeport, "a hell of a lot of money" has been spent by the Port Aughority over the two years on trying to save the stricken coconut trees. However, Mr Grey said that the disease is spreading rapidly throughout Grand Bahama and there is no known cure for it.

"We have been injecting the trees with an antibiotic for the past two years. But this hasn't done anything. The disease is spreading from one tree to another so rapidly. It has cost us a hell of a lot of money and although I can't give an exact figure I can tell you that one pint of this medicine costs between $500-$600. It has also cost us a lot of money to have the stricken trees cut down and carried to the dump," Mr Grey said.

He also said that the Port Authority is presently importing the Malayan Dwarf Palm from Abaco and the Queen Palm to replace the dying, unsightly, coconut trees in Freeport. These two palms have a resistance to the deadly disease.

Mr Grey said that the first sign that Lethal Yellowing is attacking your palm is "shelling" the premature dropping of the coconuts regardless of their size. Most of the fallen nuts have dark shiny discolourations at the stem end.

Then, the next inflorescence or flower stalk to appear will be blackened at its tip. Almost all of the male flowers will be dead and no fruit will set on such a stalk.

In the third stage of the disease the leaves turn yellow, beginning with the lower fronds. Leaves that die prematurely cling to the tree as the younger leaves turn yellow. The vegatative bud then dies as do all the remaining leaves and rot-inducing organisms invade the dead bud which later gives off an unpleasant odour.

The final symptom of the disease is the falling away of the entire top of the palm leaving nothing except a lifeless trunk, or "telephone pole". Diseased palms die within three to six months after the first symptoms appear if left untreated.

Although the trees may be injected with an antibiotic to retard the destruction and prolong their life, the disease is incurable and eventually the tree will die.

CSO: 5400/7585

BRIEFS

RICE PEST CAMPAIGN LAUNCHED--The Ministry of Agriculture and the Palawan provincial government have launched a campaign to eliminate black rice bugs damaging rice and corn plants in some areas of Palawan. The ministry found out that the population density of the plant pests in the infested ricelands is 30 per hill. In the lowlands, some 115 bugs per square meter were observed. The agencies have adopted several measures to reduce damage to ricecrops. Among them are the use of contact insecticide to supplement systematic insecticides at recommended rate and frequency of application; synchronized planting in wide areas and coordinated application of control measures by farmers; cleaning, flooding, and draining the infested ricefields; and eradication of the pest by applying modern chemicals. [Manila BULLETIN TODAY in English 7 Sep 82 p 5]

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END

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Worldwide Report

EPIDEMIOLOGY

No. 299

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EPIDEMIOLOGY

No. 299

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'CLARIN' REPORTS ON CRISIS IN HOSPITAL STAFFING, EQUIPMENT

Buenos Aires Hospital Crisis

Buenos Aires CLARIN in Spanish 29 Aug 82 pp 20-21

[Text] The official reports are reduced to partial and dehumanizing statistics. The sick and the deceased are represented by numbers. There are several thousand sick and tens of dead. They are put into two columns, the factor 100 is established as a comparative index and later it is said that "it increased by only 5.4 percent," or "it is remaining within the normal parameters."

The medical reports are secret. The professionals diagnose, prescribe and observe the development of the illness and if they handle the process efficiently the sick person revives and returns home.

In ordinary events medical secrecy also extends to the "social cause." Because all of the patients die for pathological reasons. The lack of an antibiotic, a monitor that does not work, the absence of the anesthetist or the lack of money to continue treatment more and more often lead to "social death." The cause of some of these deaths, as occurs with the official statistics, appears on the generalized death certificate as "heart arrest."

The reports by the relatives of the deceased of an illness made worse are lost among the pain and the ignorance. That does not get through. No one attributes it to "social cause," but to an irrevocable and mystical fatalism.

In order to get to know part of this reality one must go out on the streets and survey the hospitals, in a wearisome inquiry that almost always ends in rejection by those who fear reprisals by their own colleagues.

Nevertheless, in spite of the statistics, of the iron-clad professional silence, of the resigned attitude of relatives, the "social death" is there. In a bed or in a coffin.

At this very moment hundreds of patients in greater Buenos Aires can be found suffering the most aberrant dehumanization.

Some, for the "nth" time, are waiting to be taken to the operating room; others receive treatment insufficient to cure their cancer, and others, tuberculous, are prescribed antifebriles to lower their fever.

To administer sedatives to "put the ward asleep," not to have a syringe for drawing blood, to take an injured person to another hospital because of a lack of supplies or to lack the minimum food items because the supplier is speculating on the periodic price increases are everyday realities, it was affirmed.

"And that is how it will be until someone out of professional shame and exercising real political power resolves that this evil of evils in the social organization should be treated more aggressively than the cancer itself. The real problem is the moral vacuum," concluded the doctor.

In Araoz Alfaro Hospital in Lanus they work only in the morning, "which is a scandal," commented a professional. There the number of emergency room physicians was reduced 50 percent and it is logical that if that was not sufficient before then now it is touching the limits of the absurd.

"The patients arrive at 6 a.m. and they do not know when they will leave, the infirmaries are overflowing and four rooms in the clinic are closed and necessary admissions are being turned down."

It was pointed out that since the hospitals become paid maintenance has become more bureaucratic. Among other nonsense, there is a shortage of syringes for injections or for extracting blood. "Therefore, one must await the auctions which occur only twice a year; there are days when there is not a single syringe in the entire hospital."

When the nurses or the doctors complain they are told that a part of the hospital supplies was sent to the Malvinas. "At times there is a shortage of bladder catheters, serum containing dextrose, bandages, gauze and sterilized material.

"In obstetrics there is a shortage of antibiotics, analgesics and anti-inflammatory drugs.

"In pediatrics there is a lack of basic supplies, from needles to incubators.

"There is neither a percussion pump for the newborn nor portable apparatus for x-rays. Fifteen incubators would be needed and there are only seven."

A nurse pointed out: "In the emergency room there are no compresses, forceps, none of the necessary scissors and neither is there a monitor for heart patients."

CLARIN was told that in the sectors for pathological anatomy there is a lack of everything from microscopes to the instruments for autopsies.

"We do not even have paper for writing down the medical histories," it was explained.

In the Ramon Carrillo Hospital in Ciudadela it was pointed out that in some cases the bidding bureaucracy causes a shortage of antispasmodics of up to 3 consecutive months, which means that in addition to the illness, there is avoidable pain, something inadmissible in a hospital.

"Also," it was revealed, "in hundreds of cases we make do with antibiotics that are not appropriate, making the germs more and more resistant and making the diseases impossible to treat effectively."

It was explained that in the emergency room there ought to be a monitor for patients who are admitted with cardio-respiratory arrests, as well as laryngoscopes and other items for urgent cases.

"A hemotherapist is indispensable for blood transfusions around the clock," but here too, there is none.

The emergency operating room is not used, because they cannot keep it sterile.

There are surprising revelations: "If a patient arrives at the emergency room with a cardio-respiratory arrest, he can die for lack of supplies." A physician said: "It is not possible to keep statistics on deaths in hospital centers that are caused by these deficiencies, but it is unquestionable that many patients, lamentably deceased, could have been saved if we had been able to count on adequate infrastructure and supplies."

Three physicians agreed to give to CLARIN some off-the-record statements on some aspects that they observe every day in Pedro Fiorito Hospital in Avellaneda.

"There is a total lack of supplies. We physicians are tied hand and foot, powerless in view of scenes that we cannot overcome merely through our professional will.

"There are no antibiotics for operations, no corticoids, in many cases there are no anesthetists, and there is no sanitary material, bandages, gauze, cotton....

"If a patient becomes critical and we need to operate there is always something missing to obstruct the whole thing. When there are antibiotics or serums, there are no corticoids; when we have corticoids there is no anesthetist; when the anesthetist comes we do not have the monitor. It is always that way.

"The only thing left to do is to take the patient to Ezeiza, La Plata, el Argerich or el Finocchieto.

"The hospital is full of patients and there is not even any medication for cardiology. Neither are there Foley catheters for those undergoing a prostate operation.

"There are no general-use antibiotics. The pharmacy is producing medicines, but there is a lack of containers for distributing them.

"The cots are obsolete, the ambulances are being scrapped and the only one that will start belongs to the cooperative."

According to one of the physicians, Pedro Fiorito Hospital has 340 beds; about 250 are occupied and almost 50 percent of the in-patients needs surgery for some reason.

"It is normal to take a patient to the operating room three or four times and have to return him to his bed because something failed and the operation could not proceed.

"Instead of staying 1 week, the average patient is in the hospital for 2 months.

"If he has relatives, we ask them to buy needles, antibiotics for the post-operative period, etc.

"The indigent are simply not operated on; they are sent home and...?"

Burn Victims Face Shortages

Buenos Aires CLARIN in Spanish 29 Aug 82 p 21

[Text] "In all of the area of Greater Buenos Aires there is not a single hospital having an adequate section and specialized personnel for handling serious burns.

"And worst of all, sending them to specialized centers in the federal capital is almost impossible, because these centers do not have the capacity to receive them."

A doctor from Posadas Hospital explained: "A patient with burns over 30 percent of his body comes to us and there are no beds anywhere in the capital or in the Burn Institute. Then they need a sterile bed and they do not exist either. They are put anywhere there is room, in nonsterile beds, which means certain infection.

"In the Burn Institute they have a large sterile bathtub for submerging the patients, where they change the bandages that have adhered to the wound.

"Here and in all the other hospitals in the greater urban areas, irremediably they tear away skin and other tissues along with the bandages and guaze.

"Amost all the time burn victims come to all the hospitals in Greater Buenos Aires and they have no place to send them. That is the case for a serious burn victim, who, 99 percent of the time becomes infected...and dies."

Buenos Aires Hospital Crisis

Buenos Aires CLARIN in Spanish 30 Aug 82 p 22

[Text] In most of the cases the professionals asked by CLARIN stated that some of the accounts were circumstantial, while others sought to delve deeper into the problem.

Among them they listed the low salaries for physicians and nurses, the age of the installations, the lack of coherent programs to eradicate inefficiency, and, in certain cases, the sense of defeat that was afflicting those who do not wish to accept the generalized degradation of medical practice.

In the new inquiry, as if it involved a table of uniform complaints to convince the chroniclers, there was a repetition of problems similar to those expressed to CLARIN yesterday.

Because of its location, the Alejandro Posadas Hospital covers an important part of the Buenos Aires metropolitan area.

There other types of deficiencies were noted.

The exiguous budget that it has for medication produces some dramatic situations: "Some of our patients are small children who need antibiotics and cannot get them.

"There are malnourished minors and adults who are becoming worse all the time."

Specific cases were cited: "Suspected tuberculous patients should receive a radiography, but there are no plates.

"Treatment by a diagnostician requires a large expense for drugs (which are not given away gratis), that the patient eats well, that he does not work and that he receives several months' rest."

The cure is, perhaps, simple, but who is in a financial position to be cured? That was the dramatic conclusion.

The hospital has neither radiotherapy nor anticancer drugs for cancer patients. "It is necessary to take the patients to a specialized institute and to the National Drug Bank."

A cancer patient needs, among other medication, five tablets a day of a corticoid (Oncovin, Deltisona, Metrotexate) and a small bottle with 10 units costs 100,000 pesos.

A hospital as important as Posadas has only two ambulances "and when there were more vehicles there were no drivers...."

And those close to the hospital stated that "the arrival of food to put together a diet is a lottery.

"Frequently we have no high-quality food item, such as meat, cheese or milk.

"At times a food item is out for bids, but it is not delivered because the slowness of the bureaucratic process causes the suppliers to prefer to pay the fine over delivering a shipment of food, whose cost has doubled during the bidding procedure."

A physician revealed that the patients arrive at 4 a.m. to ask for a number and they are attended to in the emergency room to decide on their expectations.

"In the emergency room," he said, "they are treated symtomatically and it is not unusual for a patient with tuberculosis or cancer to go home calmly with a syrup for his cought or an antifebrile for his fever."

It is affirmed that Finochietto Hospital, an important auxiliary center, has gone from being "a hospital for acute cases to a hospital for chronic cases.

"It is functioning at 50 percent of its capacity and a patient who could be released in a few days has to stay more than 1 month.

"Because of the lack of personnel, there are 80 unused beds in closed wards.

There is a shortage of everything in the medical clinic and in the entire hospital: Tensionometers, bedclothes, mattresses."

Because of the lack of technical and human material, an ordinary analysis may take up to 4 days.

As is the case in a number of other Buenos Aires hospitals, cancer is treated with conventional radiation therapy because of the lack of new equipment.

"There is no computerized tomography, the equipment for producing rays is of no value and as a result the treatments are not very effective. That affects the lives and survival rate of patients."

A physician reflected: "There is an attempt to work it out as best we can with the one thing that we do have. There is an abundance of will."

The surgeons are no better off: "We are lacking basic equipment, such as tomographs and ecographs used in making primary diagnoses."

Because of the lack of diagnostic means, a surgeon confided, at times the course of treatment chosen is wrong for the patient, and the last recourse of "opening him up to see what is going on" becomes the risky commonplace.

Intensive Therapy Lacking

Buenos Aires CLARIN in Spanish 30 Aug 82 p 22

[Text] There is no intensive therapy in Pedro Fiorito Municipal Hospital. The affirmation is inadmissible, even in today's Argentina.

A physical place has been reserved. And nothing more. When a critcally injured person, persons with serious trauma or patients in coma arrive at the place there is no other resource than to send the patient to another hospital. If he makes it through the trip he will survive. If not, he will die.

There is a working coronary unit in cardiology. But the hospital as a whole does not have intensive therapy.

"The seven beds that should be there are not; there are neither monitors nor respirators; there are no instruments for a dosage in the blood; there are no electrocardiographs, no laboratory, no....

"And now take note of the most incredible and absurd thing that can occur in a hospital: Dr Horacio Traverso was named chief of the service after a competitive examination, and he had to resign out of professional shame when he was not provided intensive therapy with specialized personnel, adequate beds and implements.

"Six months after winning the competition, and after 6 months of our demands for a functioning intensive therapy in Fiorito, we lost the only thing that we had gained: the chief of service."

Nurses Shortage Worsens Crisis

Buenos Aires CLARIN in Spanish 30 Aug 82 p 23

[Text] There were specific revelations in regard to the urgent problem of the lack of nurses and auxiliary personnel being suffered both by the hospitals mentioned previously, as well as the following hospitals: San Miguel, Moron, La Matanza, Luisa C. de Gandulfo, Lomas de Zamora and the municipal hospitals Tigre, General Sarmiento and Vicente Lopez.

"Nursing is an alarming disaster; with the 1,200,000 pesos that a nurse earns there are fewer every day.

"In practice a nighttime nurse serves 30 patients, and theoretically the 8 hours are not even enough time for her to give them their medicine."

A concerned physician indicated: "I think that at this time there are very few who are studying nursing. Most of the available personnel are nurses' aides lacking the knowledge to work with patients and not authorized to give injections or medication, although in practice they do that." That is a serious accusation on top of the critical revelations.

"They are humble people who lack instruction and it is not unusual for them to give an intravenous injection instead of an intramuscular, causing fatal accidents."

There is another frightening practice employed by the hospitals: "Most of the nurses have two jobs (the hospital and a private clinic) to put together a few pesos.

"In spite of the advertisements that guarantee a professional future and that indicate salaries commensurate with the responsibility, it is more and more problematical for the nurses to register for hospital courses of study.

"Most are convinced that the work load is very great and the salaries very low in the state hospitals.

"Some study because they have hopes of getting a job in the luxury sanatoriums, where the pay is higher, and others wish to graduate so that they can go abroad and earn hard currency.

"We prepare them and then they lose heart, they give up, they go abroad or they come to the hospital exhausted.

"It adds up to 16 or 18 hours, plus 3 or more in travel, so they hardly sleep. Then it is normal for the nurse on the night shift to fill a large syringe with Valium and give all of the patients an injection so that she can sleep in the office.

9746
CSO: 5400/2222

BRIEFS

DACCA TETANUS CASE--Doctors of the Dacca Medical College Hospital detected on Thursday that a patient Anis, 30, who was admitted to the hospital about 13 days ago with injuries developed tetanus and he was transferred to infectious disease hospital at Mohakhali. Anis was admitted to Dacca Medical College Hospital with head and leg injuries following road accident on September 3. The authorities immediately closed the Ward No. 31 for disinfection. [Dacca THE BANGLADESH OBSERVER in English 17 Sep 82 p 8]

CHOLERA IN CHITTAGONG--CHITTAGONG, Sept. 14--Twelve persons died of cholera and diarrhoeal diseases at Kutubdia island in last two weeks. According to delayed reports reaching here, the diseases broke out at Aliakbar Dail and Kojarbil Union and have been spreading fast in the area. When contacted an official of local Civil Surgeon Office admitted the fact of the diseases. There was acute scarcity of drinkiug water at the island following the recent flood which causes the disease. [Dacca THE NEW NATION in English 17 Sep 82 p 2]

CSO: 5400/7129

OFFICIALS TRACE CONTACTS OF CHOLERA CARRIER

Kuala Belait BORNEO BULLETIN in English 11 Sep 82 p 2

[Text]

BANDAR SERI BEGAWAN. — Brunei has been hit by its second cholera scare in recent weeks.

Health officials went into action after a Lawas man visiting Brunei was confirmed as a victim of the disease.

The carrier, Encik Moktal bin Haji Tengah, 46, from Kampung Awat Awat, is now recovering in Bandar Seri Begawan General Hospital.

He entered Brunei on Thursday last week with his wife, four children and two sisters, to visit relatives at Kampong Sianas (part of Kampong Ayer).

The family arrived about 2pm to attend a thanksgiving ceremony and he was taken ill three hours later.

Encik Moktal was admitted to hospital the following morning where tests confirmed he had cholera.

Brunei health officials notified the Sarawak health authorities and steps were taken immediately to prevent the disease spreading here.

The 14 members of the Brunei family who the man stayed with were quarantined at home and immunised against the disease.

Encik Moktal's wife and two of his children were also quarantined here — the others have returned to Sarawak.

Three neighbouring families in the kampong the infected man visited have been immunised and given antibiotic treatment.

Brunei's senior health officer, Dr P. Durayappah, said on Tuesday: "We have now traced all this man's contacts and there is no cause for alarm.

"Fortunately, he was not able to move about because of his illness and we have now taken all precautions to prevent this spreading."

At mid-week, there were no reports of new cases. The disease has an incubation period of a week.

Brunei is cholera free and has not had an outbreak for more than a decade — unlike Sarawak and Sabah which have been hit hard by epidemics.

On Monday, the Brunei Medical and Health Department warned the public on radio and television to eat only freshly cooked food and to drink boiled water.

The disease can be transmitted through food, drink and water.

The department also urged anybody who suffers vomitting and diarrhoea, the first symptons of cholera, to report to the nearest hospital immediately.

In July, the Brunei government completed its annual cholera immunisation campaign which involves health visits to every settlement in the state.

Shortly after the campaign ended, a full scale medical alert was mounted in Brunei when a confirmed carrier —also from Lawas — ended the state.

The 18-year-old youth spent a few hours in the capital but returned to Lawas when he heard a bulletin on Radio Malavsia telling him to report to the nearest hospital.

Health officials traced the man's movements to a family of 10 in the capital where he stayed for the whole of his visit.

CSO: 5400/8402

CHAD

BRIEFS

SERIOUS HEALTH THREAT--Chad made an urgent appeal on 16 September to the regional committee of the World Health Organization [WHO] for Africa and requested the emergency sending of a special mission to become aware on the spot of the medical-health situation. This appeal was made on behalf of the Chadian Government by Dr Matchok Mahouri, commissioner for public health, chief of the Chadian delegation to the 32nd session of the regional committee, which was held in Libreville. Dr Mahouri stated in particular: "the health of mankind is seriously threatened in Chad." The normal public health channels have been virtually disorganized by the war. Hospital buildings have been destroyed for the most part and the medical staffs dispersed. Endemic diseases like tuberculosis, measles, cerebro-spinal meningitis, trpanosomiasis, malaria, diarrhoeal diseases are experiencing a recrudescence to the extent of the Balkanization of the infrastructure. [Brazzaville MWETI in French No 654, 21 Sep 82 p 7]

CSO: 5400/15

DISCOURAGING PROGRESS IN ANTIMALARIA CAMPAIGN TOLD

Lapses in Tamil Nadu

Calcutta THE STATESMAN in English 10 Sep 82 p 4

[Text] MADRAS, Sept. 9--The lapses and inadequacies in the execution of the Modified Plan of Operation (MPO) to control malaria was brought to light in the report of the Comptroller and Auditor-General for 1980-81, tabled in the Tamil Nadu Assembly.

There had been an increase in the incidence of malaria in the State even after the implementation of the MPO since April 1977. Under the programme, areas with an annual parastic index of two and above per 1,000 population were subjected to cyclic spray of insecticides, while those recording less than two were to have only focal spray around positive cases.

The report revealed that even in areas with the rate of incidence of more than 20 per thousand population were completely omitted from spraying. Deficiency in spray coverage ranged from 39 to 61%.

As a measure of active surveillance, the MPO provided for collection and analysis of blood smears from 10% of the total population. Cases found positive were to be administered radical treatmen within 10 days. But collection of blood smears fell short by 53 to 57%. There was also a delay ranging from one to three months in administering radical treatment and in 14 to 22% of positive cases, no treatment was given at all.

'THE HINDU' Editorial

Madras THE HINDU in English 9 Sep 82 p 8

[Text] THE WAR AGAINST malaria is becoming increasingly difficult to wage. Since 1965--when the incidence of malaria came down to one lakh cases against many lakhs in the preceding decades--there has been a resurgence. The causes for this (as listed by the Union Health Ministry) are the development of resistance by mosquitoes, which are the carriers, to certain insecticides, the ineffectiveness of chloroquine against malaria parasites in some parts of the country, the increase in the prices of insecticides and the inadequacy of funds for the malaria eradication programme. Of these, the fiscal constraint is entirely remediable if a really serious attempt can be made to find the funds through the readjustment of plan allocations for the welfare budget. The Indian Council of Medical Research observed last June that "it was not possible to tackle the recrudescence of malaria as it had not been possible to control it any more with chemical insecticides alone." It was reported later that the Vector Control Research Centre at Pondicherry had successfully isolated and mass produced a bacterial agent which could kill mosquito larvae. Also, 14 research schemes (eight for operational and six for field research) are under way under the auspices of the ICMR and some more work on these lines is being done with the assistance of the World Health Organisation. In view of the pressing and vital need for preventive measures, close monitoring of the implementation of these projects is imperative.

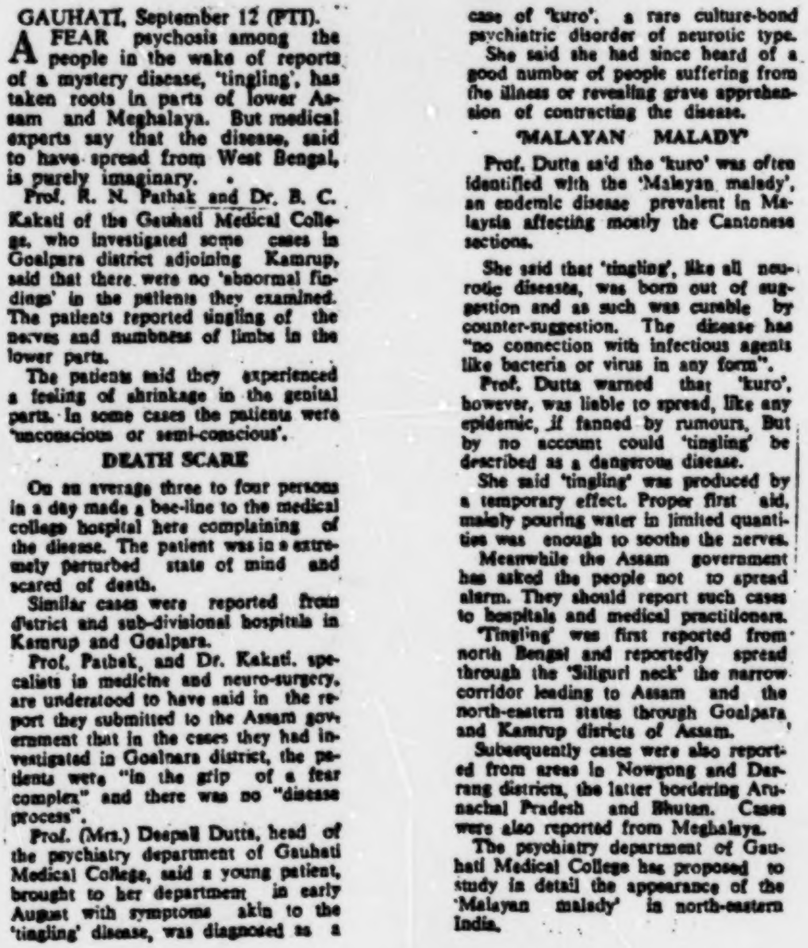
Obviously, an immediate thing that must be done is the liquidation of the carriers. The Governments at the Centre and in the States are trying to imrpvoe the competence of mass spraying programmes (though there are reports of late about spraying machines being idle) aside from augmenting the number of depots which sell the popular drugs. But the pity of it is that these efforts get defeated by ecological degradation, especially in the urban areas. Madras is estimated to account for 60 per cent of the malaria cases in the State. This is on account of the deficiencies of the sewerage system and the consequent infection of the neighbourhoods by sullage. Some progress is no doubt being made to look for and control contamination of wells by subsoil effluents. However, for various reasons, slums which are among the main breeders as well as victims of the disease are on the increase in the teeth of the slum clearance programmes. This has made a mockery of the claims about people's participation in executing preventive measures through the high powwered publicity campaign based on posters and other visuals and door to door conacts. It is certainly time that--as a matter of national priority--the fight against malaria was put on something resembling a war footing.

CSO: 5400/7125

EXPERTS DOWNPLAY REPORTS OF 'MYSTERY DISEASE' IN ASSAM

Bombay THE TIMES OF INDIA in English 13 Sep 82 p 23

[Text]



GAUHATI, September 12 (PTI).

A FEAR psychosis among the people in the wake of reports of a mystery disease, 'tingling', has taken roots in parts of lower Assam and Meghalaya. But medical experts say that the disease, said to have spread from West Bengal, is purely imaginary.

Prof. R. N. Pathak and Dr. B. C. Kakati of the Gauhati Medical College, who investigated some cases in Goalpara district adjoining Kamrup, said that there were no 'abnormal findings' in the patients they examined. The patients reported tingling of the nerves and numbness of limbs in the lower parts.

The patients said they experienced a feeling of shrinkage in the genital parts. In some cases the patients were 'unconscious or semi-conscious'.

DEATH SCARE

On an average three to four persons in a day made a bee-line to the medical college hospital here complaining of the disease. The patient was in a extremely perturbed state of mind and scared of death.

Similar cases were reported from district and sub-divisional hospitals in Kamrup and Goalpara.

Prof. Pathak, and Dr. Kakati, specialists in medicine and neuro-surgery, are understood to have said in the report they submitted to the Assam government that in the cases they had investigated in Goalnara district, the patients were "in the grip of a fear complex" and there was no "disease process".

Prof. (Mrs.) Deepali Dutta, head of the psychiatry department of Gauhati Medical College, said a young patient, brought to her department in early August with symptoms akin to the 'tingling' disease, was diagnosed as a case of 'kuro', a rare culture-bond psychiatric disorder of neurotic type.

She said she had since heard of a good number of people suffering from the illness or revealing grave apprehension of contracting the disease.

'MALAYAN MALADY'

Prof. Dutta said the 'kuro' was often identified with the 'Malayan malady', an endemic disease prevalent in Malaysia affecting mostly the Cantonese sections.

She said that 'tingling', like all neurotic diseases, was born out of suggestion and as such was curable by counter-suggestion. The disease has "no connection with infectious agents like bacteria or virus in any form".

Prof. Dutta warned that 'kuro', however, was liable to spread, like any epidemic, if fanned by rumours. But by no account could 'tingling' be described as a dangerous disease.

She said 'tingling' was produced by a temporary effect. Proper first aid, mainly pouring water in limited quantities was enough to soothe the nerves.

Meanwhile the Assam government has asked the people not to spread alarm. They should report such cases to hospitals and medical practitioners.

'Tingling' was first reported from north Bengal and reportedly spread through the 'Siliguri neck' the narrow corridor leading to Assam and the north-eastern states through Goalpara and Kamrup districts of Assam.

Subsequently cases were also reported from areas in Nowgong and Darrang districts, the latter bordering Arunachal Pradesh and Bhutan. Cases were also reported from Meghalaya.

The psychiatry department of Gauhati Medical College has proposed to study in detail the appearance of the 'Malayan malady' in north-eastern India.

CSO: 5400/7127

BRIEFS

GASTROENTERITIS DEATHS--CHINSURAH, Sept. 7--Three people died of gastro-enteritis at Tulaphatak and Udaypally in the Chinsurah area last month. Dr Ranjit Mukherjee, Chief Medical Officer of Health, Hooghly, said here today. He said that 14 people had been affected by the disease in the area. The victims included a 60-year-old woman and a 3-year-old girl. Dr Mukherjee said that spread of the disease had been checked. The district medical officers had taken precautionary measures of disinfection, inoculation and vaccination. [Calcutta THE STATESMAN in English 8 Sep 82 p 16]

GASTROENTERITIS IN MIDNAPORE, Sept. 8--Fifteen people have died of gastroenteritis in 200 villages of the 26 drought-hit blocks in the district so far. A few hundred, suffering from the disease, have been admitted to different hospitals, according to the District Health Department. The affected villages are in Gopiballaypur, Belda, Egra, Kespur and Sadar block areas. [Calcutta THE STATESMAN in English 9 Sep 82 p 4]

ENCEPHALITIS DEATHS--Encephalitis Kills 3: Encephalitis that had emerged as a "killer disease" in Burdwan district last year has claimed three lives at Naranpur village in Durgapur this year. The disease used to show signs of decline in the monsoon months, but this year it started during the rains. [Calcutta THE STATESMAN in English 13 Sep 82 p 9]

CSO: 5400/7126

BRIEFS

RABIES IN NORTH SUMATRA--The rabies epidemic caused by bites from animals, particularly mad dogs, is spreading in Pematangsiantar. DVM C. Sibuea, chief of the Pematangsiantar City Animal Husbandry Service, briefly stated that dozens of persons were victims of rabies in the past week but he did not clarify how many of them died for lack of treatment. The reoccurrence of the epidemic in the second largest city of North Sumatra, Sibeua said, was surprising because anti-rabies inoculations of domestic animals owned by local residents are administered periodically. The last inoculations were given in July. An investigation provisionally concluded that the majority of the rabies victims were bitten by dogs under 3 months of age who are not subject to inoculation. The outbreak of rabies cases is the second in North Sumatra since January when a similar outbreak occurred in Medan. A summary report of rabies victims notes that hundreds of persons develop rabies each year. In 1978, 1,477 cases were recorded of the disease resulting from animal bites. Victims find it difficult to locate anti-rabies vaccine. [Excerpt] [Jakarta MERDEKA in Indonesian 31 Aug 82 p 4] 6804

MEASLES IN BANDUND--Measles is one of the major causes of death in several areas of West Java. Its victims generally die of complications due to another illness called "bronchial penumonia." Without giving any figure for the number of deaths, Dr H. Sulaeman, chief of the Bandung City Health (DKK), explained that the disease was recorded as beginning in Bandung City some time ago. There were 56 cases in the last 6 months, but thus far there have been no deaths. This figure is based on reports received by public health centers. Those treated by doctors and in hospitals and private treatment clinics have not yet been recorded. Deaths generally occur in colder areas where victims are unable to receive treatment. In Bandung City, in particular, the DKK chief said, diseases which attack local residents are dengue fever, influenza, diarrhoea, malnutrition, allergies, and skin diseases. However this is no cause for concern since Bandung has sufficient health facilities. Bandung, he said has 32 public health centers, 11 general hospitals, 400 practicing doctors, more than 100 private treatment clinics, a number of pharmacies, and similar facilities. Environmental sanitation in Bandung, however, is poor and needs overall improvement. This view is derived from potable water data which indicates that only 26.8 percent of total requirements are met because the PDAM [potable water development project] has not yet been completed. The balance of water users must obtain their daily water needs from wells, the potability of which is debatable. [Excerpt] [Jakarta SINAR HARAPAN in Indonesian 21 Aug 82 p 3] 6804

GASTROENTERITIS IN WEST SUMATRA--Five residents of Simaligi, North Siberut Subdistrict, Mentawai Archipelago, West Sumatra, died of gastroenteritis which has reached epidemic proportions, Dr Firdaus Bahaudin, chief of the Disease Prevention Subservice, West Sumatra Department of Health, told SINAR HARAPAN on Friday [20 August]. The epidemic which attacked the remote village, located far in the interior of Mentawai, he said, occurred almost a month ago but because of the difficulty in communicating with the outside world, the news of the outbreak reached Padang only on 17 August. It is not yet known whether the epidemic has subsided because no further report has been received from Mentawai. Only a brief report of the epidemic was forwarded to Padang, with no mention of the number of victims. A more detailed report is awaited so that a medical team from Padang can take preventive measures. "Medications such as tetracyclin, oralit (sweet salts), and fluids for infusions have been readied," Dr Firdaus said. Communication between Muara Sikabaluan (the capital of North Siberut Subdistrict) and the village of Simaligi is very difficult. The village can only be reached first by river and then by foot through jungle and swamps. The outbreak of gastroenteritis in Simaligi, Mentawai, means that similar epidemics of gastroenteritis have broken out in the village a number of times causing many deaths, Dr Firdaus said. In 1974, gastroenteritis caused 100 deaths. It was very difficult then to take preventive measures and, therefore, several health officials were sent in by helicopter. In addition to poor communication, the attitude of the local residents hindered the medical team in providing treatment. The local residents ran away to avoid getting the disease when a family member died. This made it very difficult for the medical team to inoculate them. Gastroenteritis also broke out around Simaligi in 1979, with some 45 cases, several of whom died. [Text] [Jakarta SINAR HARAPAN in Indonesian 20 Aug 82 pp 1, 12] 6804

GASTROENTERITIS IN WEST KALIMANTAN--Dr Gunawan Hadibrata, chief of the Control, Eradication, and Guidance Sector of the West Kalimantan Department of Health Regional Office, said that as of 23 August, 467 cases of gastroenteritis were treated in hospitals and four persons died, of whom three were children and one was an adult. On Monday [23 August] 80 victims entered hospitals and public health centers. As of 20 August, 142 persons were recorded as having been admitted to hospitals. Most important, Dr Gunawan Hadibrata said, is the lack of sufficient potable water. If the weather does not change and no rain falls this week, the situation, of course, will be rather alarming. Meanwhile, the PAM [waterworks] side in Pontianak, also queried on Tuesday morning, stated that on 22 August the salt content of the Kapuas River varied between 433.6 and 1,431 miligrams per liter. The amount of salt in the water, the PAM side said, depends on how low the tide is. At present water for distribution to PAM customers is taken from the Landak River in Penepat Village. It is no longer possible for PAM to draw water from the Kapuas River because its salt content is more than 400 miligrams per liter. [Excerpts] [Jakarta SINAR HARAPAN in Indonesian 24 Aug 82 p 3] 6804

DENGUE FEVER IN PADANG--Mass spraying of 40,000 houses to prevent dengue fever will take place in Padang at the end of September and will involve 1,500 volunteers, Dr Firdaus Bahaudin, chief of the Disease Prevention Subservice of the West Sumatra Health Department, told SINAR HARAPAN recently. He said similar measures taken to date were effective in preventing the development of an epidemic. However to provide better control, the effort will be expanded to include houses that were not sprayed earlier. Dengue fever which is caused by the bites of mosquitoes, began to spread in Padang in January. From January to the end of June, Dr Firdaus said, 200 victims were recorded as having received treatment, 11 of whom died. Twice as many victims of the disease were treated on an out-patient basis, he said. [Excerpt] [Jakarta SINAR HARAPAN in Indonesian 28 Aug 82 p 3] 6804

TYPHUS IN YOGYAKARTA AREA--In mid-August more than 50 residents of the Candibinangun Ward, Pakem Subdistrict, Sleman Regency, Special Region of Yogyakarta, were attacked by typhus, five of whom were diagnosed as positive by doctors. The Sleman Regency Public Relations Office explained that the disease which attacked the residents of Pakem was endemic rather than epidemic. Of the 50 cases recorded, 30 came from Cemoroharjo Hamlet and 20 came from Kemput. Not all of those taken to the hospital were hospitalized. They were treated as outpatients and given routine examinations. Eleven persons were hospitalized. Many residents of the two hamlets already use wells to obtain their drinking water but in general the residents of the villages do not use family outhouses. Further the farmers use animal manure to fertilize the fields so that during almost every planting season they are working in soil and manure. Tied in with the typhus outbreak, farmers are now asked to guard against scattering the manure used for fertilizer in inappropriate places. [Excerpts] [Jakarta SINAR HARAPAN in Indonesian 28 Aug 82 p 3] 6804

CSO: 5400/8401

RESISTANT STRAINS OF GONORRHEA

Tel Aviv HA'ARETZ in Hebrew 31 Aug 82 p 3

[Article: "Half of the Cases of Gonorrhea Are Caused by Penicillin-Resistant Bacteria"]

[Text] Half of the cases of gonorrhea are caused by a group of bacteria that are resistant to penicillin which is the usual treatment for the disease. This was determined in a new study by a team of doctors from the General Sick Fund. Dr Moshe Smilowitz, head of the team, reported that 258 cases of gonorrhea, caused by the gonococcus bacteria, were examined. In half of the cases strains of penicillin-resistant bacteria were discovered. This finding was unexpected because until 1980 cases of gonorrhea caused by these strains were rare. The surprising statistics, according to Dr Smilowitz, attest to the fact that since 1980 there has been an acceleration of the spread of gonorrhea from penicillin-resistant bacteria.

The research finding has far-reaching significance in terms of treatment. In every case of gonorrhea, it must be determined as soon as possible if the disease is caused by penicillin-resistant bacteria. In such a case treatment by other medications must begin immediately. Rapid treatment with the proper medication is important in order to prevent complications in the patient and in order to prevent the additional spread of the disease in the population.

The laboratory team of the Sick Fund in Haifa has developed an inexpensive and rapid method for determining within 1/2 hour if the gonococcus bacteria secrete an enzyme which neutralizes the action of the penicillin and causes the bacteria to be resistant to it.

5830
CSO: 5400/4747

REPORTS ON AREAS AFFLICTED BY GUINEA WORM

Disease Hits Koniboua

Abidjan FRATERNITE MATIN in French 14 Sep 82 p 8

[Article by P. M. Abialy: "Guinea Worm. Close to 70 Percent Affected in Koniboua"]

> [Text] The guinea worm or Medina filaria is ravaging many villages in the Lakota department.
>
> From Koniboua through Grogouya to Tanolilie, the guinea worm is threatening hundreds of people.

At Koniboua, a village 35 km of Gagnoa and 18 km of Lakota, over 100 people are affected, which poses a serious threat to the village economy.

In the villages of Gagnoa, Guiberoua and Ouragahio, over 30,000 people are threatened by the disease.

While things are getting better in the region of Gagnoa, thanks to government and certain embassies' assistance, in Lakota, on the other hand, the situation is very bad. At Koniboua for instance, a village of 150 inhabitants, 100 persons are affected: the only well was out of order for 15 days and the women had to fetch water from the marigots, where the guinea worm lives.

With all due respect to the villagers who believe that the disease is caused by an evil sorcerer.

We left Gagnoa Monday 6 September at 10:00 with two agents of the decontamination and hygiene department, and arrived at Koniboua 40 minutes later. As soon as we got out of the car the patients--at least those who could walk on a stick--came to us and accepted to discuss their affliction with us.

Mrs Logbre Dogbre: "I have been paralyzed by the guinea worm for over 5 months," she said. "The first victims of my condition are my children who go hungry."

Then, there is that schoolboy whose name had been put forward for admission to the CM1 [expansion unknown] for the next school year and who, a few days before school starts, is wondering whether he can make it. For Dacoury Gnable Fulgence, 13, has been affected by the guinea worm since May and as of now it is not sure that he can go back to school in October.

An Uncertain Future

"Last year," he said, "I ranked 3rd, 13th and 6th respectively on the quarterly tests, which would enable me to go to CM1. But now that my foot is affected, I am worried about the future." Concern about his case is all the greater as the school he is going to is about 5 km from where he lives.

Since May, certain farmers affected by the guinea worm have had to abandon their fields, which is going to have repercussions on the Koniboua village economy. With the school year about to start, the men are panicking. Handicapped by the disease, they do not see how they could fulfil their obligations as students' parents.

The women, usually so active at the side of their husbands, have not been spared by the disease. Like Mrs Logbre Dogbre, Mrs Zirizhon Rosalie has been paralyzed for 5 months: "For the past 5 months, I have had to stay in the village, unable to attend to my daily occupations."

These are distressing accounts from Koniboua, where the guinea worm is threatening a whole village.

After Koniboua, Tamolilie and Grogouya, the rural health technicians went to Lakota where the central subprefect, Mr Sylla Mamadou, and the general secretary of the PDCI-RDA [Democratic Party of the Ivory Coast-African Democratic Rally] section informed them of the situation.

According to the subprefect, the government should give top priority to controlling the guinea worm which acts as a brake upon the development of the region.

Quoting the example of smallpox (which has completely disappeared), the subprefect expressed the wish that concrete and efficient operations be organized quickly by the Ministry of Health in order to eradicate the disease once and for all.

The ministry should take drastic measures and provide the nurses with the means (drugs) to avoid a possible epidemic in other villages, like the 1980 epidemic in Olibribouo, in the Gagnoa region, when over 317 people were affected.

Fixing Streams

Abidjan FRATERNITE MATIN in French 15 Sep 82 p 10

[Interview with Mr Alexandre Dike of the Rural Health Sector Hygiene and Decontamination Department: "Guinea Worm: To Control the Disease, Streams Must Be Fixed"; date and place not specified]

> [Text] "To control the guinea worm, we must fix the springs where the villagers must drink when the drilled well is out of order."
>
> This statement by Mr Alexandre Dike of the Rural Health Sector Hygiene and Decontamination Department indicate clearly what must be done to eradicate the guinea worm from our villages.

In spite of the unflagging efforts of this young technician who, with his colleague, Mr Georges Chiapo, goes back and forth through three departments, Gagnoa, Lakota and Oume, the guinea worm still prevails. And drugs won't do the job.

Until the Ministry of Health makes additional means available to the Hygiene and Decontamination Department, what must be done, according to Mr G. Arthur Brown, UN Development Program assistant manager, is to develop an effective and permanent system to protect and maintain water-supply sources, so the people should not have to stand or wade in them when they fetch water, and to organize programs to educate the people as to the causes and prevention of the disease which causes open wounds, serious troubles and work disabilities.

Mr Alexandre Dike is now answering our questions on the measures which have been or could be taken to control this plague.

[Question] Mr Dike Alexandre, what is your role as a decontamination agent in a Rural Health Sector?

[Answer] I am in charge of the decontamination section which takes care of tropical diseases: guinea worm, bilharziasis and others. I have to organize awareness campaigns in the villages to eradicate these diseases which are commonly called "ignorance diseases."

A Challenge That Must Be Met

Our first task is to control the guinea worm because it is the number one plague and is acute in the Gagnoa region. This is a challenge that must be met at all costs to enable the villages involved to drink clean water.

[Question] What is the situation like?

[Answer] The disease prevails in the three departments of Gagnoa, Lakota and Oume. Here are recent statistics: in the central Gagnoa subprefecture, over 9,000 people are exposed to the disease. At Guiberoua, the life of 3,500 is in danger and at Ouragahio 13,000 are threatened. Villages like Tehiri, Zigbohouri, Koniboua and Gnakpalilie are very much affected.

In view of our meagre resources, we cannot work in all villages at the same time. At present, we are working at Ouragahio and we hope that in a year from now the guinea worm will be only a memory there.

The U.S. Embassy has just financed a program to fix all the springs that carry the guinea worm.

This an "ignorance disease," and to get rid of it we negotiate with the people who still believe that the disease is caused by someone, by sorcerers that spread it around. Fortunately, we have our analyses to show them that the disease is transmitted by unclean water.

Still, we do have hope for, in certain villages where the spring have not yet been fixed, the people will drink water from the well, even if it turns red at times or if it has a bad smell. Or else, if they prefer spring water, they try to filter it using the techniques we taught them.

[Question] How does the guinea worm propagate itself?

[Answer] Not all springs or marigots contain the guinea worm. But when a man or woman carrying the guinea worm goes through the village and wades in the spring or marigot, the water is immediately contaminated and becomes very much infected.

An Insufficient Number of Wells

[Question] Do the wells drilled by FOREXI [Company for Conducting Exploratory Drilling in the Ivory Coast] contain guinea worms?

[Answer] No, they don't. And we do advise the villagers to drink their water. But there is a problem: in our area, one well has been drilled for every 600 inhabitants; that is not enough. At peak hours, the women must wait too long, they lose patience. Or then, the pump--which is used all the time and not always correctly--breaks down and until it is repaired they go back to the springs for water...

[Question] What advice would you give to spring-water users?

[Answer] When there is no modern pump or well, they have no choice. We advise them to hire a well-digger to dig an artisanal well.

We also show them how to filter water using a sand or cloth filter, which is already an effective way of controlling the guinea worm. We also encourage them to boil the water, let it stand and skim the surface to obtain good-quality drinking water.

[Question] Are the means now available sufficient to obtain good results?

[Answer] The best way to control that plague is to fix all springs. We must stress prevention. Therefore, means should be made available, without waiting for an epidemic like the 1981 epidemic in Olibribouo.

Prevention The Only Remedy

Abidjan FRATERNITE MATIN in French 15 Sep 82 p 10

[Article by Jean-Baptiste Akrou: "Prevention Remains the Only Remedy"]

[Text] The guinea worm is a non-fatal, painful and disabling disease against which there is, properly speaking, no effective remedy. The patients recover almost on their own. The real solution resides in prevention. Roughly, this summarizes the interview which Dr Jean Rive, technical advisor at the Ministry of Health, gave us last Monday to shed more light on the guinea worm situation in our country.

The disease exists all over the territory but the largest centers of infection are in the center, the north and the northeast. The guinea worm is essentially endemic in the savanna. In view of this, the cases of Gagnoa, Lakota, Ouragahio and Guiberoua, all towns located in the forest, are paradoxical. Statistics show 1,756 cases in 1980 in the Gagnoa rural health sector, against 1,615 in 1979. These figures reflect only the cases on record. Now, according to OCCGE [Organization for Coordination and Cooperation in the Control of Major Endemic Diseases in West Africa] estimates, usually only 10 percent of the patients are reported. In other words, there were some 16,150 people affected by the disease in this area in 1979, and 17,560 in 1980.

Only Ten Percent of Cases Are Reported

Nationally, 5,000 to 8,000 cases were reported during 1971-1979, i.e. an average of 6,500 reported cases per year, representing 65,000 people actually affected. What can we do to eradicate that plague? According to Mr Rive, once a person is affected, there is almost no effective remedy. Therefore, prevention through the development of village water-supplies should be used to control the guinea worm. Ideally, we should drill a sufficient number of wells as figures show that in Dimbokro the drilling of wells reduced contamination from 30 to 1 percent. Since we do not have wells everywhere, the Ministry of Public Health, through the National Health Education Service, is trying to teach social hygiene to rural populations. Jointly with the Central Water-Supply Directorate, the Ministry of Health is undertaking a program to fix the village springs and watering places.

Efforts are made to educate the rural populations and to teach them how to filter their drinking water, to prevent marigot pollution. As Mr Jean Rive said, "the guinea worm is the easiest disease to eradicate. It is a matter of primary health care. If we cannot get rid of it, we would be kidding ourselves if we thought of getting rid of the others. Just filter the water with a piece of white cloth and the disease is gone." This simple effort is unfortunately little understood by rural populations. They go to the community clinic for a slight fever or an attack of malaria, but never for the guinea worm. Now, an attack of malaria will make you lose 3 days as a rule; the guinea worm without complication will make you lose 14 days, 30 with complications. Since 28 April, the WHO and the United States have given their agreement to a control program in the African countries affected by the disease. There may be hope from that side.

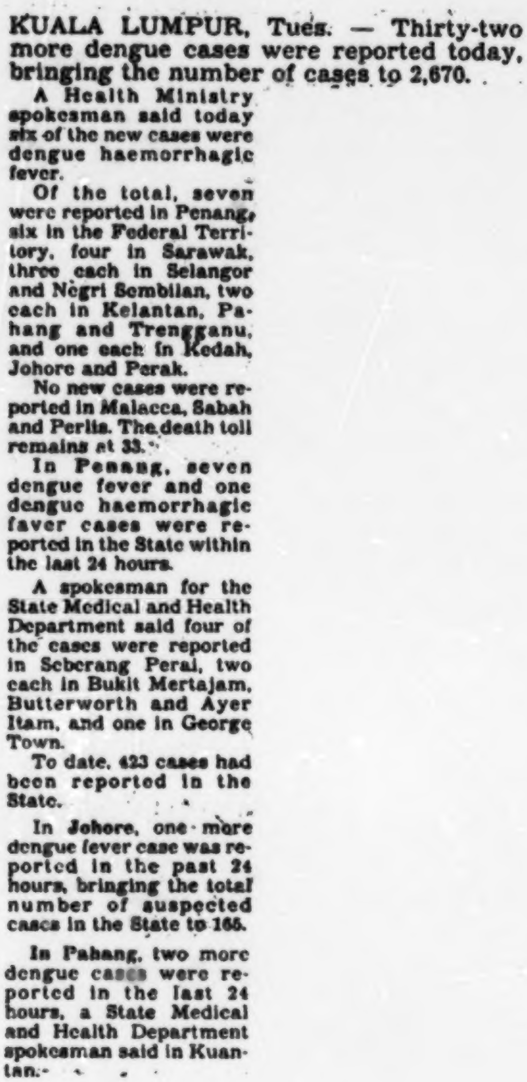
9294
CSO: 5400/1

DENGUE EPIDEMIC CONTINUES IN WEST, EAST MALAYSIA

Over 30 New Cases

Kuala Lumpur NEW STRAITS TIMES in English 15 Sep 82 p 11

[Text]



KUALA LUMPUR, Tues. — Thirty-two more dengue cases were reported today, bringing the number of cases to 2,670.

A Health Ministry spokesman said today six of the new cases were dengue haemorrhagic fever.

Of the total, seven were reported in Penang, six in the Federal Territory, four in Sarawak, three each in Selangor and Negri Sembilan, two each in Kelantan, Pahang and Trengganu, and one each in Kedah, Johore and Perak.

No new cases were reported in Malacca, Sabah and Perlis. The death toll remains at 33.

In Penang, seven dengue fever and one dengue haemorrhagic fever cases were reported in the State within the last 24 hours.

A spokesman for the State Medical and Health Department said four of the cases were reported in Seberang Perai, two each in Bukit Mertajam, Butterworth and Ayer Itam, and one in George Town.

To date, 423 cases had been reported in the State.

In Johore, one more dengue fever case was reported in the past 24 hours, bringing the total number of suspected cases in the State to 165.

In Pahang, two more dengue cases were reported in the last 24 hours, a State Medical and Health Department spokesman said in Kuantan.

Cholera Reported in Sabah

Kuala Belait BORNEO BULLETIN in English 11 Sep 82 pp 1, 2

[Excerpts]

KUCHING. — Beware Aedes!

That's the message of a nation-wide anti-dengue fever campaign which was given some teeth in Sarawak late last month with the introduction of a new law.

Now people who allow Aedes mosquitoes to breed on their property not only run the risk of infection by the potentially fatal disease, but they can be slapped with on-the-spot fines of up to $100.

Sarawak authorities hope introduction of the law will prompt all property owners to co-operate in the fight against dengue fever.

It is continuing to spread at an alarming rate, with 18 new cases being reported during the seven days to Monday this week to bring the total for the year to 85. There has been one death.

There have been a few cases around Sibu, but most have been in the Kuching District.

Although Sabah reported no new dengue cases during the week to last Saturday, alarm over the threat remains high.

The State Action Committee, which consists of top civil servants and political leaders, last Sunday expressed concern over the lack of "Abate" which is added to water to kill Aedes.

Only limited quantities have been received from Kuala Lumpur.

(Newspaper reports indicate Abate is in short supply throughout Malaysia, with supplies in some shops being snapped up within hours of arrival.)

Deputy Chief Minister Datuk James Ongkili, who chaired the committee meeting, called on the federal government to consider distributing Abate free to the public.

Of more immediate concern to the committee was the way cholera has continued to fester in Sabah; by the end of last month, more than 320 cases had been detected with about a dozen deaths.

The state Director of Medical and Health Services, Dr Mechiel Chan, said most of the state's cholera victims have been Filipino refugees in Sandakan, who were highly susceptible because of their poor living conditions.

Sandakan District Officer Encik Masidi Manjun told the committee that the number of unknown cholera deaths among the refugees could be "monumental."

He added that most refugees had a "couldn't-care-less" attitude to the cholera threat and refused to co-operate with Medical Department officers trying to improve the situation in their areas.

To help deal with the problem, Datuk Ongkili directed the Refugees Resettlement Department to establish committees composed of refugees to help the government carry out its policies.

These committees are to be patterned after the Kampung Development and Security Committees (JKKKs) set up in villages in the state.

The Medical, Labour and Immigration Departments are to also co-operate in anti-cholera efforts among foreign workers on estates and in timber camps.

CSO: 5400/8403

PLAN DRAFTED TO BLOCK TUBERCULOSIS EPIDEMIC

Port Louis L'EXPRESS in French 17 Aug 82 pp 1, 6

[Text] A plan of action was drafted yesterday to elimiante the beginnings of a tuberculosis epidemic which has apparently infected some 150 of the 500 head of cattle being raised in Constance.

These decisions were made at the Ministry of Agriculture during a working session at which the interim permanent secretary, R. Hurdowar, presided. The meeting was attended by technicians from the veterinary department of the ministry, the Mauritius Meat Producers Association (MMPA) and a representative of the establishment in Constance.

As an initial step, 5 of the 153 animals on which tuberculosis tests yielded positive infection results will be slaughtered at the central slaughterhouse, taking all necessary precautions, so as to establish if the animals were indeed infected. If 3 or more are in fact suffering from tuberculosis, the 153 animals which reacted positively to the tuberculin test will then have to be slaughtered, and the infected portions of these animals which might transmit the disease to consumers would be destroyed.

If three or fewer of these first five animals are in fact sick, the others will be placed in a pasture area in complete isolation from the rest of the herd, and will be subjected to other tests for a month and a half before any decision is made. Subsequently, all the infected animals would definitely be slaughtered.

However, if 3 or more of these 5 first animals are infected, the fate of the 347 others will have to be decided.

Obviously, all the necessary precautions will also be assured in order to prevent the center of infection from spreading.

Constance has one of the large cattle raising undertakings in the country, and the slaughtering of its 500 animals would mean a direct loss of about 4 million rupees to the establishment, exclusive of the long-term loss and the discouragement of livestock breeders, for whom the establishment of such a herd has meant an intensive effort.

When questioned on this subject by a reporter from L'EXPRESS yesterday, the president of the Mauritius Meat Producers Association, Marc de Maroussem, confirmed the report. The livestock breeder involved is one of the 16 members of the MMPA.

"this is a very serious problem," Mr de Maroussem stressed. "In the past, the government veterinary departments were required to make tests for each livestock breeder annually. But 3 years ago, the government asked the livestock breeders to acquire test kits first of all, after which the government would supply the tuberculin and have it administered by its own veterinarians. But because of difficulties in transporting the veterinarians, no further tests were administered. Soon the MMPA had to import the doses of tuberculin itself, representing an exception to the procedure. These doses were received 6 weeks ago and a veterinarian was made available to the livestock breeders to administer the tests finally, and it was last week that the disease was detected in the animals of one breeder."

We should note that despite the recent criticisms of the government where diversification and livestock breeding by the private sector are concerned, the breeders, despite the constraints imposed by the former government, succeeded in increasing their herd by about 42 percent in 5 years' time, increasing the herds to a total of 10,000 head.

The animals of the other livestock breeders are currently being tested, and no further case of infection has been reported to the MMPA as yet.

5157
CSO: 5400/5764

COMPLAINT OF INACTION AGAINST DENGUE IN PICHUCALCO

Tuxtla Gutierrez LA VOZ DEL SURESTE in Spanish 20 Aug 82 p 2

[Text] Pichucalco, Chis--The Aedes aegypti mosquito, transmitter of dengue, has appeared in this town, causing great alarm among the citizenry, since the cases that have been ascertained up to now have involved vomiting, high fever, itching, hemorrhaging, and intense body pains.

The epidemic, which has been increasing day by day, has not received the attention of the health authorities. The latter have not started any campaign to combat the mosquito, nor given the people any help on how to counter the disease.

Of course the people are afraid that the disease will spread. Therefore we believe that it is imperative that the coordinated services of the Public Health Department and of other health institutions immediately cooperate in giving basic assistance to those in need.

In addition, there is the situation of streets that have turned into veritable streams of dark water, since drains have become obstructed from the fall-out of the ashes from Chichonal. The municipal authorities have not done anything to remedy this harmful situation.

The popular consensus is that the appearance of dengue is due to the dark water that runs through the above mentioned streets. It is claimed that the responsibility for this falls on Manuel Carballa Bastor, mayor of the town who, instead of looking after the safety and health of the people, devotes himself to other activities that are far removed from his duty as the foremost municipal authority.

Of course Manuel will soon leave his post and his trust, because the people who supposedly voted for him continue to suffer the consequences of the whims of our highest governmental authorities. I hope that now, in making a new decision, the choice will be for someone who will serve the citizenry and not take advantage of them.

8255
CSO: 5400/2218

BRIEFS

CHIAPAS ANTI-DENGUE MEASURES--Tuxtla Gutierrez, Chis.--The Secretariat of Health and Assistance is conducting an emergency program in the entire area for the purpose of combating the aegypti mosquito that is the main transmitter of dengue. That is what was reported by Dr Bruno Salvador Sanchez B., chief of the state Office of Epidemiology of the Public Health Coordinated Services, after being interviewed in his office. The physician said that the above mentioned program began in July and will end in December of this year. The program consists of applying insecticides to containers, such as tanks, tambos, etc., in private homes. Then he explained that the insecticides that are being used are not harmful to humans and that therefore there is nothing to fear in this respect. This work, begun by the SSA [Secretariat of Health and Assistance], is duly supported by the municipal governments of the state, which furnish the means for the above mentioned fumigations. Up to now residences in the following towns have been fumigated: Berriozabal, Chiapa de Corzo, Tapachula, Huixtla, Ciudad Hidalgo, Tuxtla Chico, Mazatan, Huehuetan, Mapastepec, Pijijiapan, and Tuxtla Gutierrez. Our interviewee concluded that this action has given excellent results, since it is checking the dengue epidemic and hemorrhagic fever caused by the aegypti mosquito that abounds in ponds and water containers. [Text by Abenamar Moreno S.] [Tuxtla Gutierrez LA VOZ DEL SURESTE in Spanish 20 Aug 82 p 8] 8255

ZIHUATANEJO DENGUE CASES--Zihuatanejo, Gro., 21 September--About 1,000 persons in this port are suffering from dengue as a result of an increasingly unhealthy situation, reported Dr Isidro Olivares Morales, director of the Health Center. He said that the epidemic would increase in this city as long as there is no campaign against the transmitter mosquito of this disease. He added that in this port there are many lots containing refuse. In addition, in several of the poor settlements there are undrained [terraceria] streets, which has caused an increase in mosquitos. He said that it is urgently necessary for municipal and state authorities to cooperate in combating the dengue epidemic. [Text by Amador Sanchez M., EXCELSIOR correspondent] [Mexico City EXCELSIOR in Spanish 12 Sep 82 p 32-A] 8255

CSO: 5400/2218

NEPAL

ENCEPHALITIS IN BIRATNAGAR

Kathmandu THE RISING NEPAL in English 5 Sep 82 p 3

[Text] **Biratnagar, (RSS):**

Encephalitis which has already killed people in the past two weeks seems to have broken out here.

About a dozen people suffering from encephalitis have been admitted to local zonal hospital for treatment.

According to Biratnagar town panchayat, Laxmi Sahani, 30, (female), nine years old boy Jogendra and two years old Anju Kumari (female) are among the four persons who died of the disease in the town panchayat.

The hospital did not disclose the names of two other persons who had died of the Disease.

The hospital authority concerned even declined to furnish details of patients admitted to the hospital for the treatment of the disease.

According to the information made available by the hospital to the town panchayat about the number of patients who visited the hospital for treatment of the disease has been more than fifteen.

According to informed sources, patients suffering from the disease have been reporting to hospital for treatment everyday.

In the meanwhile, teams of the Biratnagar town panchayat and local office of Malaria eradication organisation have despatched teams to spray anti-mosquitoes drugs. Mosquitoes are the carriers of the germs of the disease which is more often than not is fatal.

The town panchayat administration said that the drive to spray anti-mosquitoes drive will continue upto the last of the second week of this month. Under the drive, the adult mosquitoes will be killed and then the efforts will be concentrated on killing the larva.

The town panchayat has also appealed for the cooperation of the town people for their cooperation in its effort to control the disease. It has also distributed pamphlets alerting the people against the disease.

CSO: 5400/4300

BRIEFS

ENCEPHALITIS IN TERAI--Nine persons have died of encephalitis in different parts of Terai districts of the country, it is authoritatively learnt here. According to Zoonosis Section of the Department of Health Services, so far 51 persons in Jhapa, Sunsari, Morang, Dhanusha, Bara, Parsa and Baken districts including inner Terai area of Sindhuli are known to be suffering from encephalitis. They are being treated at different hospitals. [Text] [Kathmandu THE MOTHERLAND in English 9 Sep 82 p 2]

ENCEPHALITIS IN UDAIPUR DISTRICT--Encephalitis has claimed 14 more lives in several wards of Risku village panchayat of Udaipur. The endemic disease is dreaded as it is frequently fatal. Although the exact toll is not known, quite a few people have either succumbed to or been attacked by the disease in various parts of the country. As its incidence is on the increase, Udaipur district panchayat has reportedly launched measures to control it. Apart from a chemical spraying programme it has set up a fund of Rs. 2000/- to buy necessary medicine for the afflicted. [Text] [Kathmandu THE RISING NEPAL in English 17 Sep 82 p 18]

CSO: 5400/4300

BRIEFS

RABIES CASES REPORTED--Hospital Unit No 3 reported yesterday that there have been 50 cases of rabies in the districts of La Victoria and El Agustino, and that six persons have died of rabies thus far. A spokesman for Hospital Unit No 3 stated that an innoculation campaign will be launched at the beginning of September and that an operation will be carried out in those districts today and tomorrow to eliminate stray dogs. [PY010049 Lima EXPRESO in Spanish 19 Aug 82 p 8]

RABIES CASES IN LIMA--The Anti-Rabies Center in Lima last week detected 18 cases of rabies, and reported the death of one child. The center reported that there have been a total of 641 cases of rabies so far this year. [PY232345 Lima EXPRESO in Spanish 5 Sep 82 p 4]

CSO: 5400/2003

PHILIPPINES

BRIEFS

MALARIA OUTBREAK--Garchitorena, Camarines Sur, 1 Oct--Eleven persons, including a seven-year-old schoolboy, died, while 20 others were seriously stricken by malaria which threatened hundreds of residents of six island barangays of this town for the last five days. Mayor Pedro Arcilla said that 30 more persons are confined at the Binagasbasan elementary school which has served as a temporary dehydration center for malaria victims since September 26. Arcilla had appealed for help from health authorities in Manila. But so far, only a three-man team from the Ministry of Health's malaria control office and a few doctors have been dispatched to the town. The major said foodstuffs for the victims and medicine for others who did not want to be taken to the dehydration center and ministry teams to control the disease are badly needed. Arcilla said doctors sent to the afflicted areas have identified the malarial disease as Plasmodium Falciparum, also known as Cerebral Marpt malaria. The afflicted island barangays are Tamiawon, Dangla, Kagamutan, Bahi Binagasbasan and Sumaoy. [Excerpts] [HK040522 Manila BULLETIN TODAY in English 2 Oct 82 pp 1, 8]

CSO: 5400/4306

BRIEFS

GROWING THREAT OF TB--The South African Department of Health and Welfare is currently spending about R4-million a year on the control of tuberculosis, the TB problem is 17 times greater in South Africa than in Canada. And in its 1981/82 annual report, the South African National Tuberculosis Association (Santa), the major organisation fighting the disease admits that SA expenditure to combat the disease was "substantially less" than in Canada. The report says that for many decades, TB has remained the major disease in SA. About 9,713 of the 138,863 cases of notifiable disease in SA for the first four months of 1982, were cases of TB; next came 1200 cases of measles, followed by 964 cases of cholera. "When one considers furthermore that it is known that at least two thirds of the infectious TB cases are not discovered, one if faced with the startling fact that there are 150,000 new cases of TB each year," the report reveals. One of the greatest contributory factors is the socio-economic conditions of poor housing, where malnutrition and excessive stress and strain is prominent. There lurks the killer disease. While some reduction has been recorded in the prevalance of TB, about 2 percent per annum, little headway will be made until more effort, backed by adequate long term-funding, is concentrated on prevention control. The reduction does not even compensate for the increase in population. [Text] [Johannesburg SOWETAN in English 1 Oct 82 p 8]

CSO: 5400/7

LEPROSY SPREADS IN SOUTH

Bangkok DAO SIAM in Thai 30 Jun 82 pp 3, 12

[Article: "Public Health Alarmed By Spread of Leprosy In Phuket"]

[Text] A doctor has said that a survey has shown that, at present, Phuket Province has the largest number of lepers in the country, especially among the fishermen. The Ministry of Public Health has mobilized people to control things. It is expected that the situation will improve within 5 years.

Dr Thira Rammasut, the director of the Leprosy Control Division, Communicable Disease Control Department, told reporters that the 1981 survey of the number of lepers showed that there were more lepers in Phuket Province than in any other province in Thailand. There were about 400 cases there, or about five cases per 1,000 people. And the disease is spreading. It is felt that this is a great public health problem. Most of the lepers are fishermen. The reason for the spread of this disease is that Phuket Province is a small island with a high population density, resistance to the disease is low and, in particular, the fishermen have habits that differ from those of southerners in general. That is, they work as fishermen and do not bathe regularly or keep their bodies clean. This is the reason why leprosy has spread among this group. And this is an important pocket for the spread of this disease.

Thus, the Communicable Disease Control Department has quickly mobilized various resources to help the province control this disease more efficiently. It is expected that, within the next 5 years, it will be possible to reduce the number of cases of leprosy.

Concerning whether this will be a problem for tourism since Phuket is one of Thailand's important tourist attractions, Dr Thira said that this would not cause any problems. And he asked people not to become alarmed because the people afflicted with this disease are all fishermen. And it is very difficult to transmit this disease to another person.

As for other southern provinces, the director of the Leprosy Control Division said that there is not much of a problem. The number of lepers in these provinces is very small. But there is a control problem because of the customs and culture of the southern people, particularly the Moslims. These people hate lepers even though it is very difficult to transmit this disease to others. Thus, there is a problem in controlling this disease. At the same time, some areas in the southern region are in dangerous zones and so it is difficult to go carry on activities in these areas.

Dr Thira said that, at present, there are still 14 provinces that have a leprosy problem, that is, they have a leprosy rate of more than 1 case per 1,000 people. The World Health Organization feels that if the rate exceeds this level, there is a public health problem. The 14 provinces are Maha Sarakham, Kalasin, Roi Et, Surin, Buriram, Khon Kaen, Uthai Thani, Nakhon Sawan, Phuket, Sisaket, Nakhon Ratchasima, Chaiyaphum, Ubon Ratchathani and Saraburi. For these provinces, the goal of the Ministry of Public Health is to reduce the rate of leprosy to less than 1 case per 1,000 people within the next 5 years.

11943
CSO: 5400/5776

RECORD OF LEPROSY TREATMENT NOTED

Bangkok DAO SIAM in Thai 19 Aug 82 pp 3, 12

[Article: "Survey Finds That More Than 100,000 People Have Leprosy"]

[Text] Dr Nitda Siriphai, the director-general of the Communicable Disease Control Department, said that during the past 20 years in which Thailand has worked to control leprosy, almost 65,000 people have been treated and another 45,000 people have registered for treatment.

The director-general of the Communicable Disease Control Department sent this report to Dr Sem Phringphawongkaeo, the minister of public health, who presided at the opening of a national seminar on "Controlling Leprosy In Thailand." The Communicalbe Disease Control Department has received financial support from the Sasakawa Foundation.

Dr Nitda said that steps to control leprosy in Thailand were first taken in 1955. To date, a total of 113,146 poeple found to have leprosy have been treated. Of this number, 64,623 received continuous treatment and are now cured of the disease. Another 45,000 are still undergoing treatment. Of these, 4,500 are being treated at hospitals and medical centers and at leprosy settlements and vilages set up by the government and private sectors. The others continue to live at home while undergoing treatment.

As for this seminar, 132 people from the sectors concerned attended the seminar. The Sasakawa Soundation sent Dr Yo Tuasa, the administrative and medical director of the foundation, to attend the seminar. Dr D.S. Sikat, the representative for the Coordinator's Office and the World Health Organization in Thailand, also attended and spoke at the seminar. The seminar lasted until 18 August.

11943
CSO: 5400/5776

TRICHINOSIS SPREADS IN NORTH

Bangkok SIAM RAT in Thai 29 Jul 82 p 5

[Article: "Trichinosis Spreads From Meat to Humans; Death [May] Occur"]

[Text] Veterinarian Wara Misombun, the head of the human-animal communicable diseases control section, Communicable Disease Control Division, Communicalbe Disease Control Department, stated that, at present, there is an outbreak of trichinosis in Thailand, especially in the northern region. Trichinosis is caused by a parasite that can be transmitted form animal to man by consumption of meat containing Trichinella spiralis, which invade the muscles of various animals such as hill tribe hogs, wild boars, black bears, wild dogs, forest squirrels and pigs that live in hill tribe areas. Once this parasite enters a human body, it penetrates the intestional wall, mates and discharges larvae, which then invade various organs of the body.

As for symptoms, about 1 week after a person has been infected with this parasite by eating meat containing the parasite, he will have diarrhea. This is the period during which the parasite mates and discharges larvae. Following this, facial edema and edema of the eyelids appears. This is because the young larvae invade this [part of the body]. This is a very dangerous period and the person can even die because the parasite invades various organs of the body, including the heart. This may cause heart failure. This period lasts for about 2 months after ingestion of the parasite.

Veterinarian Wara also said that if the person survives the first 2 months, he will still suffer pain and will not be able to move by himself.Someone else must constantly help him to move about, sit up and lay down. And his condition will not improve rapidly.

Veterinarian Wara said that since 1962, there have been 53 epidemics with a total of 2,570 people [coming down with trichinosis]; 87 people have died. Trichinosis has occurred most frequently in Chiang Rai Province. There have been 20 epidemics there with 774 cases and 14 deaths. Other provinces where this disease occurs frequently include Chiang Mai, Nan and Kamphaengphet. Usually, the disease spreads in sub-municipal areas because the hog slaughtering houses in the sub-municipal areas do not check the animals before they are slaughtered. Thus, merchants often buy hill tribe hogs for slaughter from areas where the parasite is prevalent since these hogs are cheap. Thus, people who purchase the pork and eat raw "lap" [minced meat] or improperly cured ham become sick.

As for suggestions on how to keep from coming down with this disease, people should not eat raw meat. Meat should be cooked well before it is eaten. Ham should be cured 7-8 days before it is eaten. However, the sad thing is that it is not possible to change the eating habits of the people in the north, who are in the habit of eating raw meat.

11943
CSO: 5400/5776

BRIEFS

MEASLES DEATHS, VACCINATION CAMPAIGN--A team of medical officers has been dispatched to Chamuka's area in Kalomo district to vaccinate children against measles which has claimed the lives of 12 children. A spokesman from the provincial medical officer's office said in Livingstone that the medical officers were already in the affected areas vaccinating children. The spokesman said an intensive vaccination campaign has been launched to eradicate the killer disease. The death of the children from Chamuka, Chongolo and Chinkuli's areas came to light last week when Party officials told Central Committee Member for Southern Province, Mr Mungoni Liso that there was an outbreak of the killer disease. Chamuka Ward chairman, Mr Jonathan Singombe had told Mr Liso the 12 children died within the week and this had led to panic among villagers. [Text] [Lusaka DAILY MAIL in English 6 Oct 82 p 5]

SCHISTOSOMIASIS OUTBREAK IN KALOMO--Medical authorities are to investigate reports of an outbreak of bilharzia among primary school children in Kalomo district, said Southern Province medical officer Dr Satya Prakash. Dr Prakash was reacting to reports that more than 400 primary school pupils were suffering from bilharzia. Headteachers of Masempela and Dimbwe primary schools in Kalomo informed provincial Member of the Central Committee Mr Mungoni Liso on Tuesday that most pupils missed lessons because they trekked long distances for treatment. Masempela headteacher Mr Haggai Mwana said the outbreak had affected the performance of pupils as only three were selected for Form One. More than 200 out of 305 pupils at the school had the disease and travelled to Choma for treatment. Dimbwe headteacher Mr Pay Sichundu told Mr Liso that out of 317 pupils at his school, more than 200 were afflicted. He said the rural health centre near the school had no drugs to treat the pupils and they had to be taken to Choma or Kalomo. Dr Prakash said in Livingstone there were plenty of drugs to treat the disease and for prevention as there were many other cases in the province. "We have full confidence that we will contain the disease wherever there is an outbreak." [Text] [Lusaka TIMES OF ZAMBIA in English 1 Oct 82 p 2]

CSO: 5400/16

BRIEFS

ANTHRAX EPIDEMIC IN NORTHEAST--The Department of Livestock Development has warned the people in the northeast to take precautions against anthrax, which is spreading in the north and northeast. Animals have died and people who have consumed the meat of infected animals have died.The people have been asked not to eat the meat of animals stricken with anthrax. Concerning this matter, the Department of Livestock Development has ordered provincial and district livestock development [officials] to give vaccinations against this disease in areas where the disease is prevalent and in the surrounding areas. Besides this, vaccinations have been given every year but anthrax epidemics have still broken out, particularly in the border provinces, where more people are smuggling in animals from abroad and selling them here. Sometimes, meat infected with this disease is brought in too and this gives rise to anthrax epidemics. [Excerpt] [Bangkok DAO SIAM in Thai 7 Jul 82 pp 3, 12] 11943

CSO: 5400/5776

MINISTRY FACING PROBLEMS IN CORRIDOR DISEASE ERADICATION

Lusaka DAILY MAIL in English 20 Sep 82 p 7

[Text]

THE Ministry of Agriculture and Water Development is facing problems in wiping out cattle diseases now rampant in some parts of the country because some of the animals affected have become immune to some vaccines and other medicines being used.

Permanent Secretary in the ministry, Mr Namukulo Mukutu said in Lusaka that this problem has been made worse by ignorance by some people on the proper methods used in dipping the animals.

"The Ministry of Agriculture is now concentrating on the control and possible eradication of corridor disease which is now rampant in the cattle areas of Southern Province especially Monze district.

"The main problem now is the fact that due to improper servicing of dipping materials for animals and lack of proper understanding of the use of these materials, the type of ticks that are responsible for the disease have become immune to the present materials being used," he said.

Mr Mukutu, who was commenting on the general situation regarding cattle disease facing the country and what measures the ministry was taking to combat the scourge, said his ministry was doing everything possible to control the situation.

The ignorance by some people on the correct ways of dipping their animals and the fact that some animals affected were now immune to the medicine being used were the "key factors in the current war against corridor disease by the ministry through its Department of Veterinary and Tsetse Control Services."

The ministry was now assessing as a matter of utmost urgency the efficacy of all the dipping materials being used in the country, he said.

Recently the ministry gave K27,000 on request from the Department of Veterinary and Tsetse Control and it is hoped that if the correct dipping material is found, it will control the corridor disease.

Mr Mukutu said the disease was now relatively contained but feared that with the on set of the rainy season soon, it may re-surface.

It was his hope however that by the start of the rainy season, the department would be geared enough to deal with the disease.

CSO: 3400/5

BRIEFS

NEWCASTLE DISEASE PREVENTION--The movement of chickens, ducks, turkeys and other birds had been restricted after results of samples taken from Masaiti where the Newcastle disease broke out two weeks ago. Last month residents complained about the loss of hundreds of chickens as a result of the disease. Dr Vladimir said his department has banned the movement of birds from the affected area. The department had taken this measure to control the disease. He advised poultry owners to buy vaccines from chemist shops for their birds. Farmers should maintain a high standard of hygiene to avoid attracting the disease. Cages used to carry birds to markets should be cleaned regularly and visitors should be kept away from the poultry area. Drinking water for the birds must be changed.

CSO: 5400/16

INCREASING RISK OF EXOTIC PLANT DISEASES, PESTS FORESEEN

Christchurch THE PRESS in English 27 Aug 82 p 23

[Text]

The jet age is reducing New Zealand's isolation and increasing the risk of the introduction of exotic plant pests and diseases, according to Mr J. D. Currie, the chief plant health advisor with the Ministry of Agriculture and Fisheries in Wellington.

Quarantine measures against exotic plant health risks is estimated to cost $4.5M each year and convincing justification for the quarantine was provided by just one family, the fruit flies, said Mr Currie.

An outbreak of fruit fly would have a similar effect on horticulture as foot and mouth disease would on livestock, Mr Currie told the annual convention of the New Zealand Institute of Agricultural Science in Dunedin.

Fruit flies were intercepted 364 times between 1955 and 1979 with the Mediterranean fruit fly (Medfly) occurring 26 times. The latest identification was in December at Auckland airport where pomegranates surrendered by a passenger travelling from Cyprus contained live larvae.

Medfly has about 300 hosts and if introduced to New Zealand would put paid to the horticultural diversification and expansion policy, said Mr Currie. Intensive protection spraying could reduce damage to 5-10 per cent but it would only be economic for high value crops if they could be sold.

Under normal spray programmes 30-50 per cent damage could be expected. In monetary terms it could mean an immediate loss in export earnings of $40M rising to $330M if the $1000M projection for horticulture exports is reached by 1990.

An outbreak of Medfly would cost at least $300,000 to control provided it was detected early.

The expenditure of $4.5M in quarantine is brought into perspective by this one exotic threat."

The Japanese beetle (Papillia japonica) is equally adaptable to New Zealand's climate and could join the grass grub with larval attack on pastures before hatching into beetles to damage 250 different plants including most horticultural crops.

"Commonsense suggests that it may only be a matter of time before an outbreak of one of these serious exotics occurs."

Geographic isolation had favoured New Zealand by acting as a quarantine barrier and with few exotic pests and diseases New Zealand had an enviable trading advantage.

By keeping out exotics the production inputs for pests and disease control could be contained and horticultural diversification and output could be encouraged with confidence of assured market access.

New Zealand had taken the attitude that reasonable plant quarantine precautions are necessary.

Economic crops warranted strict protection against the introduction of known high-risk exotics and nursery stock in that category was restricted to very small quantities of promising new cultivars through the close quarantine system.

Most other planting material could be imported in quantities that could be kept in isolation and under visual inspection in open quarantine.

Although the system had inherent weakness, few if any pests or diseases had been introduced during the 25 years it has operated.

The real risks came with domestic rather than commercial imports, passengers and crew, through postage, hitch-hiking insects in farm machinery and by prevailing winds from Australia.

"While we can only make contingency plans for predictable wind-blown introductions, we can legislate and must enforce the quarantine barrier against the other known high risk sources."

The history of quarantine in New Zealand dates back to the Codling Moth Act 1884. With its failure, fruit growers have been faced with annual control expenses and the lucrative Japanese market remained closed.

Since then at least 50 economically significant exotic pests and diseases had become established, but many hundreds more were kept at bay by the quarantine screen.

Although the continuing challenge will be to prevent entry of pests and diseases, there was an equally important need for public awareness and reporting of all unusual insects and plants, said Mr Currie.

CSO: 5400/9091

BRIEFS

LOCUST SWARMS FROM INDIA--Two loose swarms of fresh locust adults measuring 6 and 4 square kilometer respectively infiltrated from India into Pakistan area of Khokrapar on Sept 19. According to Plant Protection Department immediate control measures were taken including aerial spraying of pesticides. It said several ground and aerial survey teams of the Department are keeping strict watch on the affected area. However, the field conditions were not suitable for further breeding of locust and, therefore there was no danger of any locust attack. Meanwhile, Food and Agriculture Organization (FAO) and Indian authorities have been informed about the latest locust situation, the Department sources said. They said FAO and Indian authorities have been requested to undertake thorough survey of the Indian border and supply advance information of any locust movement to enable Pakistani authorities to take timely control measures.--APP [Text] [Karachi MORNING NEWS in English 25 Sep 82 p 3]

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END

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28 October 1982

Worldwide Report

EPIDEMIOLOGY

No. 300

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REGIONAL HEALTH MINISTERS' MEET ENDS IN DACCA

Dacca THE BANGLADESH OBSERVER in English 24 Sep 82 pp 1, 8

[Text] The second Health Ministers' meeting of the World Health Organisation South-East Asia region ended in Dacca on Thursday reiterating their commitment to achieve the goal of health for all by the year 2000, using primary health care as the key approach, reports BSS

Attended by six Ministers and representatives of the 11 regional countries the meeting in a resolution called upon all member countries to translate the commitment into appropriate strategies and plans of action.

It also decided to hold the third health ministers meeting of the region in Kathmundu following the 36th session of the regional committee.

Highlighting the success of the meeting, the Health and Population Control Minister Major General M. Shamsul Haq said in his concluding statement that the three-day meeting of the regional Health Ministers has been "a great success and very rewarding in many ways".

Major General Haq, who was the Chairman for the second Ministerial meeting also observed that the problems and difficulties are in most cases similar in the countries of the region and such gatherings by exchanging each others' views could derive substantial benefits.

Adopting a number of resolutions the meeting underscored the importance of population stabilization in the context of socio-economic development attainment of full productive potential and the improvement of quality of life.

The Health Ministers' meeting followed the 35th regional committee meeting of the WHO South-East Asia region which ended in Dacca on September 20.

In their three-day deliberations the Ministers urged all member states to make further efforts in the pursuit of the goal of health for all and take steps to improve and strengthen the existing spirit of cooperation among member states.

Attended by the Health Ministers of India, Indonesia Maldives Mongolia Nepal Bangladesh and others by their representatives the meeting also reviewed the developments that had taken place since their first meeting in Jakarta in September last year. Considering the economic social and health conditions generally prevailing in the countries of the region the meeting felt that the availability of trained manpower at all levels was a matter of priority concern. It however, decided to develop the programme of health manpower training, diarrhoeal disease control and immunization and called upon the governments to earmark funds for the programme.

The second Ministerial meeting also called upon the international agencies including the World Health Organisation (WHO) to give greater stress on the mobilisation of resources for the Technical Cooperation for Developing Countries) (TCDC) efforts in health development.

It was also agreed that the member states would persue vigorously the outcome of the second Health Ministers' meeting at national level by taking time-bound action.

CSO: 5400/7007

BRIEFS

DIARRHEA IN JESSORE--Fifty-seven persons died of strong diarrhoea in this district during last one month. Unofficial sources claimed that the number of deaths would exceed 100. Reports from remote areas of the district said diarrhoea has broken out in 10 police stations of the district in an epidemic form and more than 200 people have been attacked in last one month. Keshabpur, Sailkupa and Kotwali police stations of the district are the most affected areas. The civil surgeon of the district confirmed that 28 persons died of diarrhoea in Keshabpur thana. The death toll in other thanas: Kotwali 8, Monirampur 9, Magura 1, Sreepur 1, Sailkupa 6 and Kaliganj 1. In Jhenidah subdivision, 90 persons were attacked by diarrhoea but no fatal case was reported, according to official version. The civil surgeon of the district said that diarrhoea spread due to malnutrition and polluted water. With the outbreak of diarrhoea "saline', an essential support for its treatment has become scarce in the district. [Text] [Dacca THE NEW NATION in English 21 Sep 82 p 1]

DIARRHEA IN PABNA--Pabna, Sept 24--Twenty-one persons died of strong diarrhoea in Pabna Sadar, Sujanagar, Isnurdi, Chatmoher of Pabna Sadar subdivision during last five days. This was told by a source close to Pabna Health Department. Reports teaching Pabna say diarrhoeal diseases have broken out in epidemic form in Bagchidangi, Ariagohabbari, Gohalbari, Daspara, Tatipart and Khokshabaria of Chartarapur Union Parishad under Pabna thana; Sujanagar and Sagarkandi Union of Sujanagar thana and Parshadanga, Fatjana under Chatmohar thana. Civil Surgeon, Pabna, when contacted on Wednesday, told this correspondent that six people died of diarrhoeal diseases in two villages of Chartarapur Union and other areas of Pabna Sadar thana during last few days. [Text] [Dacca THE NEW NATION in English 25 Sep 82 p 1]

CSO: 5400/7016

BRIEFS

LEPTOSPIROSIS DEATHS--Official statistics show that there have been some six deaths to date this year caused by the dreaded disease leptospirosis. The Ministry of Health in its weekly report of notifiable diseases said that there have been some 37 cases of the diseases up to the end of August. Local health authorities have in recent times been warning of the seriousness of leptospirosis which is caused by rats. There have been some 24 cases of malnutrition reported in children up to four-years old but there have been no reported deaths. However, there has been one reported death so far this year as a result of gastroenteritis of which there have been some 96 cases to date for this year. The health authorities have said that there were some four cases during the past week. [Bridgetown ADVOCATE-NEWS in English 9 Sep 82 p 1]

CSO: 5400/7501

BERMUDA

HEALTH OFFICIALS TAKE ACTION AGAINST AEDES AEGYPTI

Hamilton THE ROYAL GAZETTE in English 15 Sep 82 p 1

[Excerpt]

The Public Health Department yesterday sprayed with insecticide the freight shed at the Civil Air Terminal in which eggs of mosquitos which are potential carriers of dengue and yellow fevers were found.

And as part of its plan to eradicate all trace of the mosquito — Aedes Aegypti — the Health Department is now spraying all freight containers arriving here from the general area of the tropics.

Eggs of the mosquito were found last week in special traps set in a freight shed at the Airport. It is the first time in 30 years that the mosquito has been recorded on the Island.

"We can't prove it, but we suspect that the mosquito may have come in a freight container," said Chief Medical Officer Dr. John Gourlay last night.

He added that as a result the freight shed in question was sprayed yesterday with the insecticide Pyrethrin, which would instantly kill any mosquitos in the building.

He added that cargo arriving from the tropics — between the lattitudes of 30 degrees north and 30 degrees south — would also now be sprayed until the Health Department is sure there are no other similar mosquitos present in the Island.

All airplanes arriving from areas within the tropics are currently sprayed with insecticide on arrival in Bermuda — a policy that has been carried out for a number of years to prevent the importation of mosquitos.

"We are taking every precaution to prevent the spread of the mosquito, and will continue to do so until we are absolutely sure there is no evidence of it," said Dr. Gourlay, adding that no more mosquitos, or eggs, have been discovered.

CSO: 5400/7501

HEALTH TEAM VISITS SISTER ISLANDS TO ASSESS SERVICES

St Georges FREE WEST INDIAN in English 11 Sep 82 p 7

[Text] AN eight-man delegation from the Ministry of Health, headed by Health Minister Christopher De Riggs, visited several health facilities in the sister isles of Carriacou and Petit Martinique, on Wednesday.

Visited were the Princess Royal Hospital, the Hillsborough, Mt. Pleasant, Belle Vue South and Windward visiting stations in Carriacou, and the Health Centre now being constructed in Petit Martinique.

The delegation talked with the staff at the various institutions on problems they faced and also on plans for the development of health care on the islands.

Min. De Riggs said that immediate attention will be given to rewiring the Princess Royal Hospital, repairing the hospital roof and reconstructing the Hillsborough Health Centre to provide more services and a more integrated approach to health care.

He said the trip was useful to the health officials, since it gave them an opportunity to become familiar with health facilities in the sister isle and to establish relations with health personnel.

He also noted that the visit to Petit Martinique helped the delegation to appreciate the problems responsible for the delay in completing the health centre, and to set deadlines for outstanding areas of work to be completed.

The centre, which is jointly financed by the People's Revolutionary Government and the European Development Fund, is expected to be completed and officially opened by the end of this month .

Minister of Construction and Public Utilities, Hudson Austin and Ministry of Construction engineer Oliver Bullen, accompanied the Health delegation and gave them technical advice on a number of issues which came up for examination.

The visit was another in a series organised by the Ministry of Health in an effort to become acquainted with the out-districts. Already, visits have been made to health facilities in the parishes of St. Andrew's, St. Patrick's and St. John's.

Secretary for Carriacou and Petit Martinique Affairs George Prime, also accompanied the delegation, which included Secretary for Health, Dr. Bernard Gittens and Permanent Secretary, Dorcas Braveboy.

CSO: 5400/7503

INCREASED INCIDENCE OF MALARIA RFPORTED

Guatemala PRENSA LIBRE in Spanish 13 Sep 82 p 6]

[Article by Edgar Octavio Girón Castillo: "Malaria Cases Increase on the Southern Coast"]

[Text] Anti-malaria teams work without being able to check the disease. Coatepeque--The number of positive cases of paludism or malaria on the southern coast is alarming, inasmuch as up to the end of last year statistics indicated that more than 50,000 persons were sick with this disease; and, that as far as the present year goes, this number could increase considerably.

Ir was reported that this data pertains to the area that goes from Escuintla to the Mexican border; that is, the entire southern coast, with the greatest incidence of cases having been observed in Champerico and Ocos.

It was learned that the National Malaria Eradication Service (SNEM) has been endeavoring to treat those afflicted with malaria. It is also engaged in endeavoring to control the area, that is, to control the vector, the anopheles mosquito, detected in Ocos, San Marcos, Champerico, and Retalhuleu.

The Dengue Vector Has Decreased

With regard to another matter, but still in connection with SNEM's work on the southern coast, it has been established that, especially in that area, the Aedes aegypti mosquito, the vector of dengue and yellow fever, has decreased considerably.

Anti-Aedes aegypti teams are working to localize vector breeding places in order to eliminate the vector. It was reported that recently this mosquito has been vanishing, thanks to the fight conducted by SNEM teams.

8255
CSO: 5400/2000

BRIEFS

MALARIA ERADICATION CAMPAIGN--There is not enough money to eradicate malaria. The Ministry of Public Health and Social Assistance, through the Division of Vector Control, is carrying out a comprehensive campaign against malaria in the department of Choluteca, according to Carlos Pineda, chief of that department. The campaign consists of supplying medicine to 49,000 inhabitants of that sector every 2 weeks, which has resulted in an 80 percent reduction in the disease. The program is being carried out at a cost of 500,000 lempiras through fumigation of the 9,000 dwellings in Choluteca. Also, an eradication campaign is being carried out throughout the entire country, at a cost of 3,500,000 lempiras, which will cover approximately 220,000 homes. The above represents 40 percent of what should be done in the entire country but lamentably, because of budget problems, complete coverage is not possible, added Pineda. On the other hand, the Division of Vector Control recently substantially reduced its fuel consumption, since in 1977 alone 56,000 gallons were used in 20 vehicles, 4 of them motorcycles, and 5 stationary motors. In 1982 that branch will consume 39,000 gallons in 32 authomobiles and an equal number of other units, concluded Pineda. [Text] [Tegucigalpa LA TRIBUNA in Spanish 20 Aug 82 p 2] 8255

TUBERCULOSIS AMONG INDIANS--The native tribes of Yoro are being afflicted with tuberculosis, according to clinical analyses results. Humberto Macedo, administrator of the Manuel de Jesus Subirana Hospital, in the town of Yoro, stated that a medical team went to where the natives live in order to offer help. Macedo said that more than 50 samples of sputum were collected from among the Indians of Montana de La Flor, Guare, Coco-Guare, and other places visited during the previous week. The above was confirmed by Raul Chavez, mayor of that capital, who reported that teams had also arrived recently from the United States. Both men were very worried over the situation of the natives, because they realize that tubercular persons die because they do not have suitable diets. It was also stated that the tribes were placed in quarantine, in order to prevent the white plague from spreading. [Text by Humberto Macedo] [Tegucigalpa LA TRIBUNA in Spanish 11 Aug 82 p 3] 8255

DENGUE PREVENTION MEASURES--The fight against hemorrhagic dengue has been resumed. Tegucigalpa--The authorities of the Ministry of Public Health have undertaken additional activities to prevent the entry into the country of hemorrhagic dengue through the use of chemicals that eliminate the transmitter insect of the virus. According to Dr Alberto Guzman, chief of the Department of Epidemiology, there is an 80 percent probability that this disease will penetrate Honduras by way of the Bahia islands, where fumigations are being carried out with Malation and Dieldrin. He also said that additional measures have been taken to control the Aedes aegipti mosquito, transmitter of the disease, in particular in the departments of Atlantida, Cortes, Comayagua, and Olancho, where cases of non hemorrhagic dengue have been reported. Activities directed at preventing the disease and eradicating its transmitter include the destruction of tin cans, old tires, bottles, and other receptables that might contain water, and this activity must be extended to include courtyards, unoccupied land, and similar places. Also recommended are the periodic washing of laundry basins and frequent changes of water in flower vases and similar articles. [Text] [San Pedro Sula LA PRENSA in Spanish 9 Sep 82 p 18] 8255

CSO: 5400/2221

MADRAS FIGHTS UNSUCCESSFULLY AGAINST MALARIA

Madras THE HINDU in English 15 Sep 82 p 12

[Text] It was more than a year ago that the Madras Corporation announced a change of strategy in what was proving to be a losing battle with malaria. Despite spending Rs. 1 crore a year on chemicals and men, it found malaria hardly containable; from a few hundred isolated cases a year during the early 70s, malaria grew to scalp 36,000 persons in 1980 and 42,000 in 1981.

Inspired by a victorious effort in Bombay, which systematically eliminated all the breeding grounds for the mosquito, the Corporation called for the sealing of all wells and overhead tanks in Madras, which it recognised were prime breeding places.

The Tamil Nadu Government, similarly concerned, constituted a task force to devise and coordinate the programme, and at last, it seemed a turning point in the campaign was imminent.

On the increase: However, in July this year the number of malaria cases rose dramatically to 5,600, compared to about 4,000 cases the previous July.

(These figures relate only to malaria patients reporting at the dispensaries of the Corporation. The total malaria count in the city is in fact much higher. Although no one is willing to hazard a guess as to how much higher it is, one pointer is a recent survey in Geroge Town which found that only 30 out of every 100 malaria patients sought medical attention at a Corporation dispensary.)

The higher numbers this July may have been the product of a more intensive detective effort by the Corporation's health staff, but the message it signalled was clear: malaria is far from being beaten.

Entomologists and public health experts interviewed by THE HINDU are convinced that it has been, as one of them put it, "an operational rather than a technological failure." We have the know-how, said another, but the basic problem is that the mechanism has hardly been put to work.

Authoritatively evidence of the sluggish anti-malarial operation comes in the 1980-81 report of the Comptroller and Auditor-General of India, which was released this month.

Overhead tanks ignored: The report notes, although in the guidelines state that all breeding sources are to be sprayed periodically with larvicide, the Corporation's effort in 1980 fell far short: only 10 per cent of houses and wells in city were sprayed while overhead water tanks were completely ignored.

Again, the report says, while the Government sanctioned recruitment of 91 basic health workers for anti-malarial work in 1976, the posts had not been filled up until June 1981.

Personnel problems have continued to dog the programme. In recent months, the Corporation's manpower had drained further with about 150 sanitary inspectors—persons entrusted with charge of the work in their respective municipal divisions--going to court on the issue of promotions and gaining orders to let them off any anti-malarial work.

The non-cooperation movement of the sanitary inspectors, who play a pivotal role in their divisions, may not have stopped the programme, but experts note that their absence has certainly cut the acceleration out.

Periodic review this week: The Government's task force had also roped in four other agencies in the city--the Slum Clearance Board, the Housing Board, the PWD and Metrowater--to do their bit against malaria and the mosquito menace in general. But when the committee meets later this week for its periodic review of the programme, the news from these agencies too might not be encouraging.

The Sulm Clearance Board is in the picture because tenements built for hut dwellers are now major concentrations of malaria, a survey in North Madras recently has shown that the first five months of this year these tenements accounted for between 50 per cent and 75 per cent of all malaria cases in their respective divisions.

Fine breeding places: According to health experts, these tenements buildings have themselves turned fine breeding places for the malaria-carrying anopheles mosquito, the variety that breeds usually in clean but stagnant water.

Atop each of these multi-storeyed buildings are a number of tanks designed to store water for the residents below. However, most of them hardly serve that purpose because their outlet pipes have long been stolen. These tanks now trap and store ain water for as long as the sun will permit them--a period that has often proved to be longer than the time the mosquito takes to breed and multiply.

Cleaning of tanks: Authorities have set themselves the task of having the tanks cleaned periodically, but there are 2,700 tanks in all. And to cap the cleaning staff's misery, many of the tanks were deliberately made inaccesible as a precaution against vandalism.

Metrowater's four sewage treatment plants on the city's periphery offer another set of fertile breeding grounds. Waste water, after treatment, is let to stand on about 280 hectares of marshland where the culex and the aedes varieties--carriers if filaria and dengue fever—proliferate as easily as the para grass.

Entomologists are now speaking of another larger variety plaguing areas near the Koyenbedy treatment plant. Its bite is so painful that they are calling it the "tiger" mosquito.

Relief promised: However, Metrowater is promising relief from this nuisance. It is gearing up for a new programme scheduled to start in October, when it will use powered sprayers to saturate the marshlands with larvicide, and it was even recruited five health experts to mastermind it. But it must be noted that earlier attempts have invariably ended with significantly lowering the mosquito density.

The tow rivers, the Cooum and the Adyar, and the Buckingham Canal all almost stagnant with their notoriously heavy sewage content and determined sand bars at the river mouths, are again formidable breeding grounds. The only remedy here is to let the sea water in to flush them by cutting the sand bars open with dredgers. There is one dredger at the mouth of the Cooum. But it broke down months ago, and a replacement for it is still to be approved.

No permanent solution: The Adyar river was the launching site earlier this year of a large-scale mosquito rampage of Besant Nagar and other localities on its banks, but apart from occasionally digging out small channels through the sand bar to the sea, no permanent solution is being considered for the moment.

Finally, experts say that the blame ought to be shouldered by most private doctors and patients as well. The former rarely report any cases they treat to the Corporation for follow-up action--malaria is a notifiable disease--and patients on their part seldom take the prescribed drugs for all the three days of the treatment. While the symptoms might disappear, the infection remains in the blood, so that the next mosquito bite can retrive it for further transmission.

CSO: 5400/7001

'VANISHING' ANDAMANS TRIBE PLAGUED BY MALARIA

New Delhi PATRIOT in English 22 Sep 82 p 5

[Text]

Survival of the Onges a vanishing tribe of little Andamans, hinges on eradiction of malaria and intestinal parasitic infections PTI quotes researchers at the National Institute of Communicable diseases in New Delhi.

Prevalence of intestinal protozoan infection among two tribal populations namely Nicobarese settlers and Onges in little Andaman and coastal Nicobarese in great Nicobar islands was detected during a recent study by Mr N L Kalra and Mr K K Mathur. Malaria is known to be endemic in the region.

Malarial fever in the absence of proper treatment and multiple parasitic infections resulting in perforations of internal organs can lead to abortion says Mr Kalra.

Anthropologist, have been concerned with the fall in population of Onges tribals and efforts were being made to identify the factors behind the dwindling numbers. The study covered 72 persons out of the 204 inhabitants of little Andamans. More than 50 per cent of them had single infections and 10.5 per cent revealed multiple infections.

About 95 per cent of the Onges tribals had intestinal parasites. Nearly 64 per cent harboured single parasite, 27 per cent two and 9.1 per cent more than two. Infection by tape worms, hookworms and protozoans were common.

The study attributed the high intensity of parasitic infection to the most primitive manner of life of the islanders. Mass promiscuous defecation on open soil, non-disposal of night soil coupled with high rainfall caused spread of the infections.

Infection in infants and their persistence all through the life due to unavaoidable and repeated infections by multipathogens the study said, seemed to result in high infant mortality.

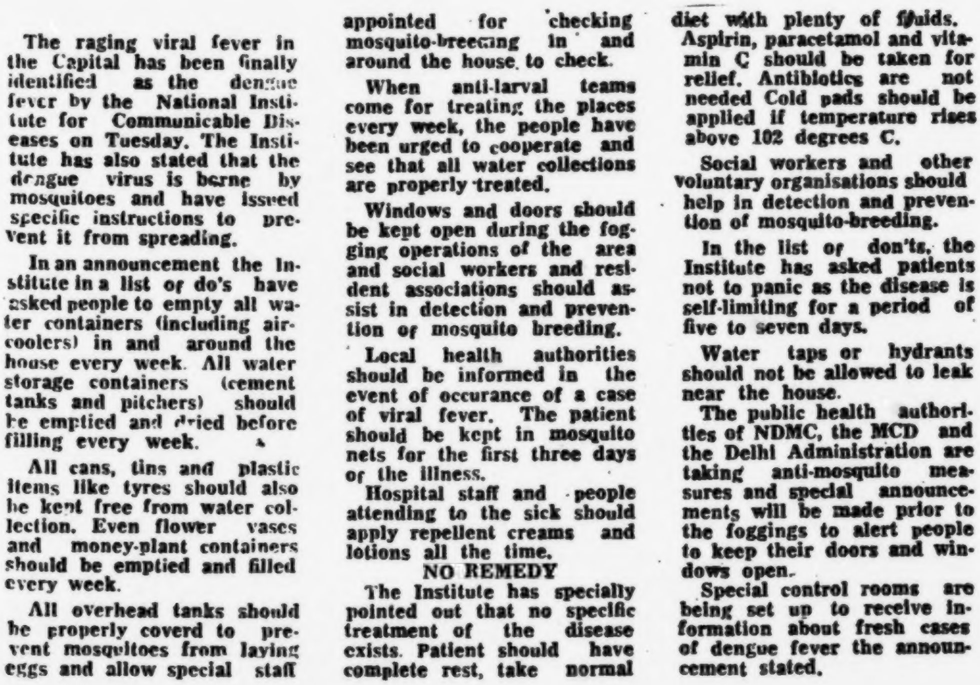
The researchers suggest immediate remedial measures to reduce the load of parasites among the tribals and long-term preventive measures including sanitation and clean environment in the region.

CSO: 5400/7010

VIRAL ILLNESS IN DELHI IDENTIFIED AS DENGUE FEVER

New Delhi PATRIOT in English 22 Sep 82 p 12

[Text]



The raging viral fever in the Capital has been finally identified as the dengue fever by the National Institute for Communicable Diseases on Tuesday. The Institute has also stated that the dengue virus is borne by mosquitoes and have issued specific instructions to prevent it from spreading.

In an announcement the Institute in a list of do's have asked people to empty all water containers (including air-coolers) in and around the house every week. All water storage containers (cement tanks and pitchers) should be emptied and dried before filling every week.

All cans, tins and plastic items like tyres should also be kept free from water collection. Even flower vases and money-plant containers should be emptied and filled every week.

All overhead tanks should be properly coverd to prevent mosquitoes from laying eggs and allow special staff appointed for checking mosquito-breeding in and around the house to check.

When anti-larval teams come for treating the places every week, the people have been urged to cooperate and see that all water collections are properly treated.

Windows and doors should be kept open during the fogging operations of the area and social workers and resident associations should assist in detection and prevention of mosquito breeding.

Local health authorities should be informed in the event of occurance of a case of viral fever. The patient should be kept in mosquito nets for the first three days of the illness.

Hospital staff and people attending to the sick should apply repellent creams and lotions all the time.

NO REMEDY

The Institute has specially pointed out that no specific treatment of the disease exists. Patient should have complete rest, take normal diet with plenty of fluids. Aspirin, paracetamol and vitamin C should be taken for relief. Antibiotics are not needed Cold pads should be applied if temperature rises above 102 degrees C.

Social workers and other voluntary organisations should help in detection and prevention of mosquito-breeding.

In the list of don'ts, the Institute has asked patients not to panic as the disease is self-limiting for a period of five to seven days.

Water taps or hydrants should not be allowed to leak near the house.

The public health authorities of NDMC, the MCD and the Delhi Administration are taking anti-mosquito measures and special announcements will be made prior to the foggings to alert people to keep their doors and windows open.

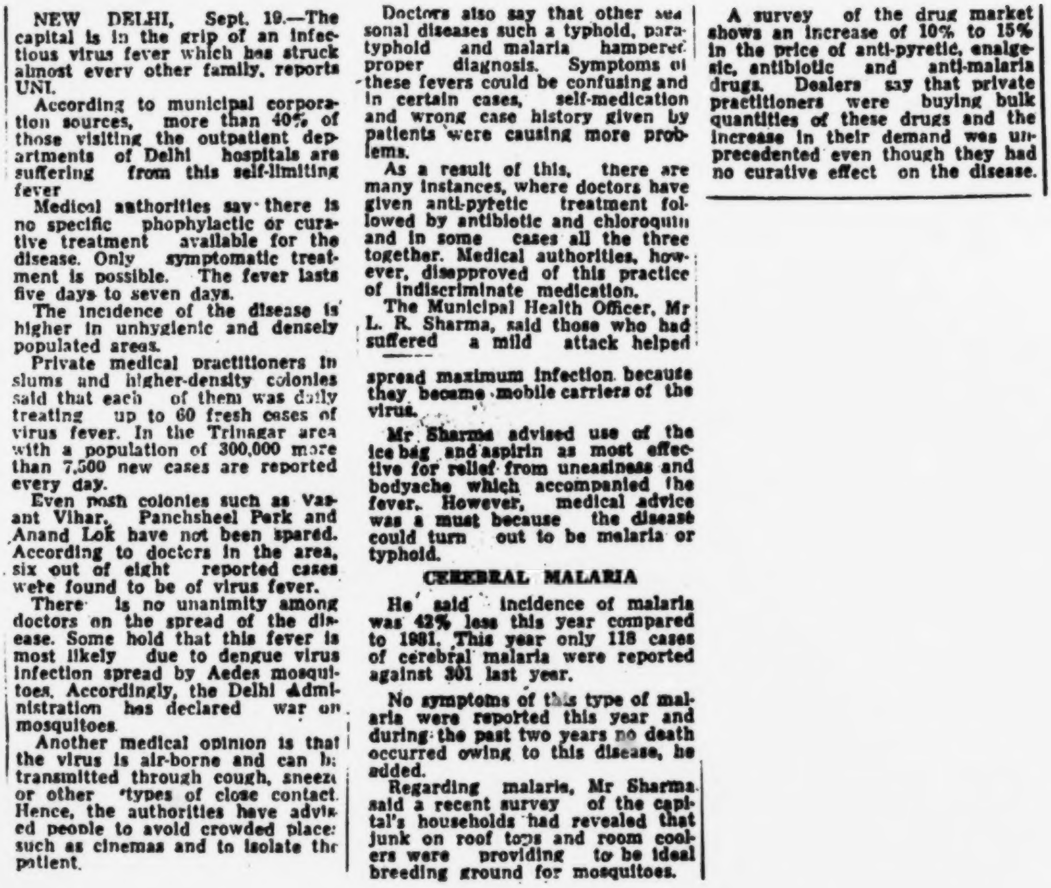
Special control rooms are being set up to receive information about fresh cases of dengue fever the announcement stated.

CSO: 5400/7010

INFECTIOUS VIRUS FEVER EPIDEMIC IN DELHI

Calcutta THE STATESMAN in English 20 Sep 82 p 12

[Text]



NEW DELHI, Sept. 19.—The capital is in the grip of an infectious virus fever which has struck almost every other family, reports UNI.

According to municipal corporation sources, more than 40% of those visiting the outpatient departments of Delhi hospitals are suffering from this self-limiting fever

Medical authorities say there is no specific phophylactic or curative treatment available for the disease. Only symptomatic treatment is possible. The fever lasts five days to seven days.

The incidence of the disease is higher in unhygienic and densely populated areas.

Private medical practitioners in slums and higher-density colonies said that each of them was daily treating up to 60 fresh cases of virus fever. In the Trinagar area with a population of 300,000 more than 7,500 new cases are reported every day.

Even posh colonies such as Vasant Vihar, Panchsheel Park and Anand Lok have not been spared. According to doctors in the area, six out of eight reported cases were found to be of virus fever.

There is no unanimity among doctors on the spread of the disease. Some hold that this fever is most likely due to dengue virus infection spread by Aedes mosquitoes. Accordingly, the Delhi Administration has declared war on mosquitoes.

Another medical opinion is that the virus is air-borne and can be transmitted through cough, sneeze or other types of close contact. Hence, the authorities have advised people to avoid crowded places such as cinemas and to isolate the patient.

Doctors also say that other seasonal diseases such a typhoid, paratyphoid and malaria hampered proper diagnosis. Symptoms of these fevers could be confusing and in certain cases, self-medication and wrong case history given by patients were causing more problems.

As a result of this, there are many instances, where doctors have given anti-pytetic treatment followed by antibiotic and chloroquin and in some cases all the three together. Medical authorities, however, disapproved of this practice of indiscriminate medication.

The Municipal Health Officer, Mr L. R. Sharma, said those who had suffered a mild attack helped spread maximum infection because they became mobile carriers of the virus.

Mr Sharma advised use of the ice bag and aspirin as most effective for relief from uneasiness and bodyache which accompanied the fever. However, medical advice was a must because the disease could turn out to be malaria or typhoid.

CEREBRAL MALARIA

He said incidence of malaria was 42% less this year compared to 1981. This year only 118 cases of cerebral malaria were reported against 301 last year.

No symptoms of this type of malaria were reported this year and during the past two years no death occurred owing to this disease, he added.

Regarding malarie, Mr Sharma said a recent survey of the capital's households had revealed that junk on roof tops and room coolers were providing to be ideal breeding ground for mosquitoes.

A survey of the drug market shows an increase of 10% to 15% in the price of anti-pyretic, enalgesic, antibiotic and anti-malaria drugs. Dealers say that private practitioners were buying bulk quantities of these drugs and the increase in their demand was unprecedented even though they had no curative effect on the disease.

CSO: 5400/7005

TASK FORCE FORMED TO FIGHT GUINEA WORM DISEASE

Bombay THE TIMES OF INDIA in English 27 Sep 82 p 22

[Text]

NEW DELHI, September 26.

EFFORTS on a war footing have been launched to contain the guinea worm, endemic in as many as 80 districts in seven states of the country.

A comprehensive programme of action has been drawn up recently after a task force appointed by the government two years ago had identified the afflicted areas. A multi-pronged attack will be launched soon by, among others, the National Institute of Communicable Diseases, the Public Health Engineering Department and the primary health care centres of the effected districts.

The worst hit state, according to a report tabled at the recent two-day conference on communicable diseases at the N.I.C.D here, is Rajasthan, where as many as 23 of the 27 districts have fallen prey to the endemic popularly known as "naru". The disease, which records its peak in the May-June period is reported to have been particularly severe in Nagaur, Udaipur and Dungarpur districts of the state. The survey also indicates that Rajasthan accounts for nearly 50 per cent of the 12 million-odd cases registered throughout the country.

As part of its eradication programme, the government has earmarked a sum of nearly Rs. 80 lakhs for distribution to the affected states.

MAIN THRUST

However, the main thrust of the programme will be to generate an element of awareness regarding the disease and the steps needed to prevent its occurrence, said Dr. C. K. Rao, secretary of the Indian society for malaria and other communicable diseases, in an exclusive interview with this reporter on Friday.

Dr. Rao happens to be the central programme officer of the task force created to combat the disease. In fact, one of the main features of Dr. Rao's office at the NICD is a large poster showing a "naru" victim stepping into a pond with the sore foot forward even as another man is about to drink some water a little distance away from the same pond.

The happy hunting grounds for the worms have in fact been listed as step wells, open tanks and ponds. The entire process of infection is said to be of a cyclic nature. For even as he drinks the water, the thirsty man consumes, additionally, thousands of male and famale larvae of the worm. While the female metamorphoses into a full-blown worm measuring about 100 cm during its year-long odyssey from literally the top to the toe of the victim, the male dies immediately after impregnating the female.

EMBRYONIC RELEASE

When the time is ripe for the embryonic release, or the parturition process, as it is referred to in medical parlance, the female worm secretes a toxin that causes the appearance of a sore or ulcer generally on the foot. This, explains Dr. Rao, is in reality the charting out of an escape route for the millions of embryos. And the victim unwittingly comes to the rescue of its tormentor by seeking a soothing pool of water to dip his legs in.

Ironically, the guinea worm disease is the most preventable of all vector-borne diseases according to Dr. Rao. Statistics had revealed that the Jains living in some of the stricken areas were absolutely free from the endemic. This is ostensibly on account of their practice of filtering the water, which keeps the cyclops away.

Dr. Rao conceded that inhabitants of the vulnerable areas had to resort to the step wells, as they lived in "those perennially dry areas that lacked irrigation and adequate rainfall."

On the other hand, in some of the potential "naru" areas of Rajasthan, people demonstrate a marked partiality to the soft step well water rather than the hard water of tube-wells, according to Dr. O. P. Khattar, a former joint director of health services, Rajasthan. The preference for the former was ostensibly because it made cooking easier, Dr. Khattar stated.

While advocating the need for educating the people of such districts, Dr. Rao felt that the process had already started last year. Bands of para-medical workers who had been deputed to the endemic districts for door-to-door surveys, had initiated a change in the minds of the villagers regarding hygiene. However, the programme officer was quick to point out that the actual level of this awareness could only be gauged next year during the season of the endemic.

As part of the guinea worm disease eradication programme, it has been decided to introduce a system of chemical treatment of the ponds and step wells. Tamphos, an argonophosphorus larvicide, has been earmarked for the purpose.

At the same time, victims of the disease will be prescribed metronidasole, a broad-spectrum drug, that is otherwise indicated for amoebiasis. The drug is learnt to reduce the irritation caused by the ulcer, thus dispensing with the need for a "cold dip."

CSO: 5400/7014

BRIEFS

DISEASES IN BENGAL--Fourteen people died of encephalitis over the past five days in Kharagpur and Ranigunj according to a statement by Mr Ram Narayan Goswami, Minister of State for Health made in Calcutta on Tuesday. With reports of encephalitis attacks coming in from Imphal, the Centre has requested the West Bengal Government to send a team of doctors there. Mr Goswami said that the State Government had asked Dr S.K. Chakravarty of the School of Tropical Medicine and Dr A.K. Chakravarty of the All-India Institute of Hygiene to proceed to Imphal. The Health Department has been receiving reports of malaria spreading to Burdwan. In a recent circular the department has asked all Chief Medical Officers in the districts to file routine reports to Writers Building on communicable diseases which were reported to be on the rise. [Excerpts] [Calcutta THE STATESMAN in English 29 Sep 82 p 3]

TYPHOID, JAUNDICE CASES--Madras, Sept 25--A spurt in the cases of the three primarily water-borne diseases--typhoid, jaundice and cholera--is reported at Government hospitals and private clinics in Madras. The enteric ward of the city's major medical institution, the Government General Hospital, is now handling a three-fold increase in typhoid admissions and a senior medical officer warned that the problem could worsen when the monsoon begins. At the Madras Corporation's Communicable Diseases Hospital, about 10 persons are being admitted each day with cholera as against a normal daily rate of one or two and jaundice is also said to be active, especially in Triplicane. [Text] [Madras THE HINDU in English 26 Sep 82 p 1]

ENCEPHALITIS IN DURGAPUR--Durgapur, Sept 23--Encephalitis has broken out in the Durgapur industrial belt. In the areas under the Mines Board of Health at least 15 people have died. The Board had reportedly requested the Government to send an experts team to take necessary steps to contain the disease. In the Durgapur area four have died of the disease. [Text] [Calcutta THE STATESMAN in English 24 Sep 82 p 1]

EPIDEMICS ACT INVOKED IN CAPITAL--The outbreak of malaria epidemic looms large over the Capital, cautioned the Delhi Administration of Tuesday. In view of this, it said, Lt Governor Jagmohan has invoked the provisions of the Epidemics Diseases Act, 1897, to make disobedience of certain regulatory measures as punishable offence under the Indian Penal Code. According to the official release no person, or local bodies are supposed to maintain pools, tanks, wells and so as to become the breeding ground for the mosquitoes. It also provides that previous permission will be obtained for digging one in the Union Territory. It also stipulates that people suffering from fever will give glood smears for examination for malaria parasites if asked by the Municipal Health Authorities. The hospitals, private or public, nursing homes and also the private medical practitioners will be expected to notify the Municipal authorities about fever cases suspected to be due to malaria. [Text] [New Delhi PATRIOT in English 15 Sep 82 p 10]

EYE DISEASE IN MEGHALAYA--Shillong, Sept 24--The Meghalaya Government is concerned over a peculiar eye disease leading to blindness in the rural areas, particularly the Garo Hills, according to Mr D.D. Lapang, State Health Minister. To fight the disease the Government has opened an ophthalmatic complex in Shillong, the first of its kind in the State, with assistance from voluntary organizations. The medical wing of the State Congress (I) is helping the organization with men and material. During the past six months the State Medical Department has treated more than 2,000 patients. Mobile units visit the rural areas to provide medical assistance to the poor people at their door steps. [Text] [Calcutta THE STATESMAN in English 25 Sep 82 p 11]

MYSTERY DISEASE IN MYSORE--About 10 children are reported to have died of an unidentified disease at Pogapura, in Mysore, during the past month, reports PTI, quoting information received here. The health authorities are investigating the cause and nature of the disease. Precautionary measures have been taken to check its spread. [Text] [Calcutta THE STATESMAN in English 18 Sep 82 p 7]

GASTROENTERITIS, ENCEPHALITIS DEATHS--Santiniketan, Sept 20--Gastroenteritis and encephalitis have claimed 13 lives in Birbhum district, according to official sources here, reports PTI. Another 49 people were suffering from gastroenteritis at Suri, the district headquarters, and Khayrasol. Encephalitis has affected 12 others at Maureswar. Ramkumar Chattopadhyaya, Maya Sen and Ajit Pandey participated in the fourth annual function of the Calcutta Journalists Club on Sunday. Mrs Meenakshi Bose, who recited from Madhusudan and Tagore, made an impressive debut. [Text] [Calcutta THE STATESMAN in English 21 Sep 82 p 14]

DELHI MALARIA STATISTICS--After the Delhi Administration cautioned against the imminent threat of malaria epidemic in the Capital on Monday, the Delhi Municipal Corporation claimed on Thursday that "there is a distinct improvement as compared to last year". It said just a little over 23,000 "positive" malarial cases had been reported up to 11 September this year against over 40,000 cases during the corresponding period last year. The MCD claimed that it had launched a two-pronged attack on malaria. On the one hand it was fogging at down and on the other it was treating chemically all water collected in urban and rural areas. It said notices have been issued against as many as over 4,000 violators of the recently invoked Epidemics Act of 1897. [Text] [New Delhi PATRIOT in English 17 Sep 82 p 10]

BRIEFS

CHOLERA-LIKE DISEASE--Jakarta, 11 Oct (AFP)--An epidemic of a cholera-like disease, now hitting West Java, has killed a dozen people and caused 350 others to be hospitalized, press reports said today. Other diseases continue to abound in the regional capital of Bandung in West Java, 120 km (74.6 miles) from Jakarta, where hospitals are overflowing, the armed forces daily reported. The Santo Yusuf hospital which, up to now, has taken in the most patients, built a make-shift waiting area in an outside alley adjoining the hospital for the new arrivals, the Bandung daily PIKIRAN RAKYAT said. The city's five major hospitals are set up to distribute equally the sick people who arrive an average of 15 a day. Ministry of Health regional authorities have appealed to people to bring sick people to the hospital without delay. The approach of the rainy season and the present dryness are the main causes of the epidemic, doctors said. The disease, which has hit, in particular, certain regions of Sumatra, Kalimantan (formerly Borneo) and West Java has killed around a 100 people during the past three months. [Text] [BK111503 Hong Kong AFP in English 0743 GMT 11 Oct 82]

WEST JAVA DENGUE FEVER--Bandung, 11 Oct (ANTARA/OANA)--The West Java health office here has received reports over the prevalence of dengue fever in 20 regencies and four mayoralties in the province this year. Some 21 people died and hundreds of others have been affected by the communicable disease, Dr Jahya Martaprawira of the West Java health office told a symposium here Saturday night. [Excerpt] [BK111503 Jakarta OANA in English 0829 GMT 11 Oct 82]

CSO: 5400/4309

NEW AUTONOMOUS REGION HEALTH PROJECTS

Baghdad AL-THAWRAH in Arabic 22 Aug 82 p 7

[Article: "New Health Projects in the Autonomous Region"]

[Text] The General Secretariat of the Social Affairs Department of the Kurdistan autonomous region has completed projects for health establishments and social work in various parts of the region at a cost of 1.14 million dinars. These projects include four branch health centers with attached housing, a fever hospital, a first aid center, a social center, two laundry wings, a wing for housing students and six additional rooms, improvements to the heart recovery section at Irbil Hospital, the Republican Fever Hospital and a drinking water storage tank.

Work is currently underway on 57 other projects in the region at a cost of 685 million dinars.

These projects in Irbil Governorate include the construction of three hospitals with a 100-bed capacity each, a consulting clinic, two primary health centers and two branch centers, 16 residences, a medicine storeroom, a nutritional training center, a maternity center, a health vocational center with an attached internal section, a school for nurses, a nursery, a vocational training center, an office complex and a tourist hotel for workers.

In al-Sulaymaniyah Governorate, these projects include a 100-bed hospital, a consulting clinic, two primary and two branch health centers, 11 residences, a nutritional training center, a health vocational center with an attached internal section, a school for nurses, a first aid center, a consulting clinic and another central clinic, a nursery, and a club and library for workers.

In Dahuk Governorate, they include construction of a hospital for heart diseases, a branch health center, a residence and 30 apartments to house doctors, an office complex, a 400-bed general hospital, a 100-bed hospital and a health insurance storehouse.

These projects are being implemented by the General Organization for Buildings, directorates of works, the local administrations in those governorates and the machinery of the General Secretariat of the Social Affairs Department in the autonomous region.

Heads of administrative units in al-Anbar Governorate discussed the implementation of projects ordered by the president, our leader, Saddam Hussayn, at a meeting held yesterday under the chairmanship of Yahya al-Rajab, Governor of al-Anbar. They also discussed ways to expedite completion of these projects on their scheduled dates, projects including paving of a number of projects, extension of potable water systems and organization of city entrances, in addition to educational, health, tourism and development projects.

A similar meeting held yesterday at government center in Maysan Governorate under the chairmanship of Ghazi Hammud, Governor of Maysan, discussed the level of public services being provided to the populace in the governorate and ways to improve it. During the meeting it was decided to honor a number of workers in the public service field in appreciation of their fine efforts.

8389
CSO: 5400/4744

BRIEFS

KINGSTON WATER PLAN--A decision has been reached on a new water supply scheme which will pump 15 million gallons of water per day from St. Thomas into the Corporate Area, Prime Minister Edware Seaga disclosed on Friday. Sepaking at the press briefing at Jamaica House, Mr. Seaga said the Government has now selected the scheme, involving pumping water from Yallas, St. Thomas, at a cost of approximately $20-million. The scheme will alleviate the Corporate Area's water problems. Mr. Seaga said the scheme selected would mark the first phase of the water supply programme to bring water into the Corporate Area from the eastern parishes. St. Thomas and Portland; and eventually from the Blue Mountains. Mr. Seaga told the briefing: "the new proposals were part of proposals made from the early seventies, but nothing was done during the 1970s to implement those programmes, as a result of which we now enter the decade of the 1980s with a gap of one decade during which nothing was done to implement additional programmes for water, which is the reason we have a short-fall today". [Kingston THE DAILY GLEANER in English 20 Sep 82 p 1]

CSO: 5400/7503

BRIEFS

TYPHOID VICTIM IN GUNGOMA--An outbreak of typhoid has been report in Nang'eng'e Sub-location, Naritire Location, Bungoma District. According to the Bungoma District Medical Officer of Health, Dr. C. Okwoga, a man admitted at Misikhu Hospital with positive symptoms of the disease had died. His wife had also been admitted at Bungoma District Hospital and was suffering from the disease, he said. Dr. Okwoga said medical teams had been sent to the affected area. He said he was liaising with the Medical Officer of Health in charge of district hospital, Kitale, where the outbreak of the disease had earlier been reported. But Dr. Okwoga has asked members of the public not to panic as the surveillance team was working round the clock. [Text] [Nairobi DAILY NATION in English 20 Sep 82 p 16]

CSO: 5400/8

HEALTH STATISTICS EXAMINED

Tripoli AL-ZAHF AL-AKDHAR in Arabic 2 Aug 82 p 6

/Article: "Development of Health Services"/

/Text/ The health sector, more than the other growth sectors, monopolizes vitality and activity, due to the intense interest. This interest clearly reflects the level of progress of superior health services offered to the citizenry, in terms of large hospitals and community clinics, which offer free treatment. This health development was not born today or yesterday; on the contrary, it is the fruit of years of serious effort in the various health fields, since health, in its general meaning, means preparation for life. Man achieves to his utmost, if his physical and psychological health and his social consciousness enable him to function in his society, to keep up with contemporary developments, and to have stability and happiness. The glorious 1 September revolution, since its inception, has spared no effort in developing the level of treatment and preventive services, in order to raise the level of man's health. In this regard, the revolution laid out a scientific program in accordance with scientific planning, and made available all human and material assets, as well as giving priority to the health problems from which the society sufferred. This was clearly done out of consideration that progress on the health level must go hand in hand with the physical, mental, psychological and social integrity of man, so that he can go about his activities with vitality and vigor. Moreover, the most important step that the revolution took in the field of dispensing drugs was to reorganize the drug business, since in 1972 it established the National Drug Company, which has undertaken to clean up the drug market, which was dubious in its activities, as well as certain manufacturing companies.

All commercial types of drugs that pharmacy owners and importers were circulating were cancelled, and the number of drugs circulating in the markets were reduced from about 5000 to about 2000.

Moreover, new guidelines and strict laws were formulated for the registration of drugs, in order to permit their sale in pharmacies. Also, the Health Department provided the most modern drugs from the best international firms, and in the very largest quantities. For example in 1969, the value of drugs dispensed was 1,517,418 dinars, whereas in 1981, it was 15,538,580 dinars.

Accordingly, expenditure for medicines developed rapidly, and consequently, expenditure per individual also grew. In 1974, expenditure per individual was 1.44 dinars annually. In 1980, expenditure per individual had increased to 5.077 dinars annually. The size of financial expenditures for health services is actually and clearly larger, when we review the scientific statistics, which will bring us closer to the actual reality.

The individual's share in health expenditures amounted to 8.3 dinars in 1969, and this share rose in 1979 to 32.2 dinars, despite the population growth, i.e., an increase of 288 percent more than was spent on the individual before the glorious revolution. Expenditures invested in this sector amounted to 2,864,310 dinars in 1969, and rose in 1979 to 60,000,000 dinars, i.e., an increased percentage of 2,035 percent, and a yearly growth rate of 6.9 percent. It is worth noting that what was spent on the individual before 1978 was in respect to health services offerred by the Health Department only, and does not include the insurance sector or the armed forces or the oil companies or the private sector. This sum also does not include investments allocated, amounting to 253,386,944 dinars during the past 10 years. The last 2 years were distinguished by a large increase in the size of disbursements targetted by the Health Department to achieve a change in health services, in terms of developing an increase in proficiency as soon as possible.

A series of statistical statements during the past 10 years prove that the live birthrate per each 1000 births has increased from 37.5 in 1970 to 47 in 1978, while the death rate among births was 8.6 per 1000 in 1970 and 15 in 1978. The reason for that is not attributable to lower health standards, but rather, to accurate statistics, organized record keeping, and the citizens' commitment to reporting the circumstances of death.

The death rate has been reduced from 6.8 per 1000 in 1970, to 5.1 in 1978. Moreover, the death rate among infants has been reduced from 61.1 per 1000 in 1970 to 37.5 per 1000 in 1978. This is evidence of improved health conditions among pregnant women and children during the years following the glorious revolution, due to the rise in the level of health services, both preventive and treatment, among the people.

The World Health Organization's statistics for 1975 prove that the death rate among children in low income countries was 132 per 1000, 46 per 1000 in countries with medium incomes and 15 per 1000 in the industrial nations.

In addition, the Social Security Department's expenditures, in comparison with certain developing and oil nations, prove that the Jamahiriyah is in the forefront of these nations, with respect to expenditure per individual.

There has not just been advancement in quantity alone, but also the variety of health services has been developed as well. Sufficient numbers of qualified pharmacists have been provided to offer a higher variety of services.

The number of pharmacists working for the Health Department in 1969 was 68, while in 1980, there were 372. This does not include pharmacists working for the Social Security Department and the pharmaceutical sector.

The 1976-80 5-year plan aimed at providing 1 pharmacist for every 5000 persons. By looking at 1980, for example, we find that the number of pharmacists was 1 for every 8400 persons.

Furthermore, the number of doctors increased from 1969 to 1981. The number of doctors in 1969 was 733, including general practitioners and specialists. In 1981, the number had increased to 4158, including general practitioners and specialists. As for dentists, there were 62 in 1969 and 341 in 1981.

The Health Field Working Force

Without a doubt, the revolutionary course during the last few years has resulted in significant accomplishments in the field of developing the work force. Recently the State Bureau for Developing the Work Force was established. One of its most important functions is to prepare all technical and national frameworks operating in this field, so that the great accomplishments achieved by the glorious revolution in the Jamahiriyah can be accompanied. The new bureau includes:

* A department for health education, with four units for the health institutes. The first is the specialization branch, the second is for nurses' aides schools, the third for examinations and guidance and the last for educational methods and libraries.

* A department for training and student exchange, with two units, one for training and the other for student exchange.

This bureau is responsible for establishing a plan for health training, and tying it into the health change plan specifically, and the Jamahiriyah's economic and social plan in general. This is for all its stages of preparation, implementation, follow-up and supervision.

Providing the human element, capable, skillful and mentally and scientifically prepared, is the decisive factor in the ability to develop health services in the society. Consequently, necessity has called for establishing a good educational plan, aimed at achieving self-proficiency in the technical elements working in the health field. Prior to the revolution, there was only one health institute for the people in Benghazi and one other in Tripoli. Moreover, there were no schools for nurses' aides. However, thanks to the glorious revolution, during the past few years, two new health institutes have been opened, one in Tripoli and the other in Masratihah, as well as five institutes for the people of Subha, al-Zawiyah, al-Baydha', Darnah and Masratihah. This is aside from 24 nurses' aides schools in all parts of the Jamhiriyah.

The following table shows the development of the nursing and technicain strength for the years from 1969 to 1981.

Chart #1

Years	Male Nurses Female Nurses	Female Nurses Midwives Midwives	Nurses' Aides Male Female	Health Visitors
1969	1680	213	606	113
1981	6399	1149	4905	188

	Pharmacists	X-Ray Tech.	Analyst	Dentist	Health Inspector
1969	82	94	89	33	12
1981	497	460	775	193	274

	Physical Therapists	Equipment Specialists	Industrial Specialists	Anesthesiologists
1969	—	—	--	--
1981	114	109	88	151

Communal Clinics

During 1977, construction was completed on 16 communal clinics in all parts of the Jamahiriyah. These clinics were also furnished and equipped with modern medical equipment.

These clinics are adjuncts to the hospital for a series of health facilities, and offer outpatient health care, including diagnosing illnesses and following-up post-hospital treatment if required.

These clinics also offer maternal and pediatric care, and are considered to be clinics outside of the hospital but tied to its various departments. Those who work in them offer their services under the supervision of the hospital's chiefs of departments. The community clinics are considered emergency aid centers and centers for resuscitation and revival. Work in these emergency aid units goes on 24 hours a day. Statistics clearly show the number of communal clinics, according to municipality, and their averages up to 1981.

Treatment Services

The State Bureau for Medical Services plays an effective role in providing treatment services to the citizens wherever they are, easily, without difficulties, and on a high, scientific level. These services are offerred within the framework of a positive structure, so that benefit can be derived from the operating capacity and facilities, which are continuously increasing and are represented by hospitals, community clinics, health centers and other clinics, along with other pradtical and supporting services, such as x-rays, cardiograms, physical therapy, etc. The increase in quantity of health services, and the development of these services, along with improvement in the standards of performance, has kept pace with the modern, scientific methods in the advanced nations. This was the result of the plan developed by the Health Department to renovate and modernize these facilities and equip them with the most modern medical and mechanical equipment, in order to ensure the continuation of the work on the desired level. These statistics clearly show the number of hospitals and beds and their averages for the years 1969-81 in the Libyan Arab People's Socialist Jamahiriyah.

Number of Hospitals and their Rates for 1969-81 in the Jamahiriyah

Year	Number of Hospitals	Number of Beds	Rate
1969	42	6421	3.4
1970	45	7589	3.4
1971	50	8367	4.0
1972	50	8935	4.1
1973	52	9634	4.3
1974	55	9741	4.1
1975	53	10080	4.1
1976	55	12241	4.7
1977	59	12959	4.8

1978	60	13418	4.7
1979	62	13897	4.8
1980	62	14372	4.5
1981	64	14775	4.5

Flying Ambulances

In view of the fact our Jamahiriyah has area in which it is difficult to use conventional means of transportation, due to the vastness of distances, and in order to achieve the Libyan Arab citizen's right to the gains of the glorious revolution in the various fields, including the field of health, out of a determination to develop and improve the performance of health services in all parts of the Jamahiriyah, especially the remote areas which in the past have been denied these services, the Health Department has originated a project of flying ambulances, so that it will be better able to carry out its responsibilities to the citizens wherever they are located, easily and in the shortest possible time. In its budget, the department allocated the sum of 2,000,000 dinars for the first stage of this project, to buy two fixed-wing, long-range aircraft, we well as two helicopters, for use in areas where airports are not available, such as mountainous areas. They would also be used within cities and hospitals. This project is clear proof of the gains the citizen has made in terms of his wealth, which was scarce in the past but which was due him.

7005
CSO: 5400/5022

BRIEFS

OVER 700,000 LEPROSY VICTIMS--In Nepal 0.7 percent of the total population is suffering from leprosy. According to vice-chairman of Nepal Leprosy Eradication Association Dr Ram Kumar Shrestha, the statistics indicate that in the country there are more than seven hundred thousand leprosy patients and thirty percent of them have been invalid one way or other. [Excerpt] [Kathmandu THE RISING NEPAL in English 26 Sep 82 p 1]

ENCEPHALITIS EPIDEMIC--Dhangadi (RSS)--Encephalitis, an acute disease marked by physical and mental lethargy popularly called the sleeping sickness has claimed 80 lives in far western district of Kailali, it is authoritatively learnt. Also of the 52 encephalitis patients admitted to the 25 bed hospital, the condition of six is described as extremely critical. Central health authorities in Kathmandu say that teams have already been dispatched to the area to prevent the disease from spreading further and to provide curative treatment to those already afflicted. Reports indicate the area called Bhajani and those around are the worst affected and it is believed that 50 have died in those places alone. The rest, 30 of them, died in Kailali hospital. Those who can afford have been importing necessary drugs from India's Lucknow, across the border, but of late even there the drugs have fallen short in supply, it is learnt. Asked to comment on the manpower support in the hospital to deal with problem, an official concerned said that requests for both manpower and medicines have been made to the authorities concerned at the centre. [Text] [Kathmandu THE RISING NEPAL in English 1 Oct 82 p 1]

CSO: 5400/4310

BRIEFS

IMMUNIZATION MEETING--Wuhan, 26 Sep (XINHUA)--The Ministry of Public Health held a national immunization work meeting from 22 to 26 September in Xiangyang County, Hubei Province. The meeting adopted a 1982-1990 nationwide immunization work plan calling for measles, poliomyelitis, whooping cough, diphtheria, tetanus and other serious contagious infantile diseases to be put under control or eliminated across the country by 1990. A 21-member committee was formed to give guidance in implementing the plan. Huang Shuze, adviser of the Ministry of Public Health, spoke at the meeting, saying that China had already laid a good foundation for immunization work. Investigation covering 1,784 districts and counties in 24 provinces reveals that for 3 years from 1979 to 1981 no diphtheria case was reported in 1,040 districts and counties, and no poliomyelitis case in 768 districts and counties. [Beijing XINHUA Domestic Service in Chinese 1515 GMT 26 Sep 82]

CSO: 5400/4103

PHILIPPINES

BRIEFS

CAMARINES MALARIA DEATHS--Naga City, Oct 1--Eleven people had died while 20 others had been hospitalized after a malaria outbreak in six barangay islands in Camarines Sur early this week. Mayor Pedro Arcilla said that 30 more persons are confined at the Binagasbasan Elementary School, which had served as a temporary dehydration center for malaria victims since Sept. 26. Arcilla has asked for help from health authorities. So far, only a three-man team from the health ministry's malaria control office has been sent here, he said. He said the center needs very badly food and medicines. Reported dead were Roberto Royol, 6, Fe Aquino Belga, Arturo Belga, Salvador Barquilla, Juana Barquilla, Casiano Belga, Julian Apolinario, Josefa Sarmineto Bismar, Natalio Codovez, Simemon Sabas, and Wilfredo Madera. Arcilla said that doctors sent to the afflicted areas have identified the malaria disease as plasmodium falciparum, also known as Cerebral Marpt Malaria. The six island barangays are Tamiawon, Dangla Kagamutan, Bahi Binagasbasan and Sumaoy. They are the same six barangays where many were killed when big ocean waves swept the town at the height of typhoon Anding last year. [By Rudy Alano] [Text] [Manila PHILIPPINES DAILY EXPRESS in English 2 Oct 82 pp 1, 6]

CSO: 5400/4312

BRIEFS

CHOLERA INCREASE--Durban--There was a great danger of the incidence of cholera increasing because of warmer weather conditions, Dr Johan van Rensburg, the regional medical Officer of Health in Natal said yesterday. Dr Van Rensburg said that people in rural areas had become complacent about the disease in the last few months. On an average about 70 cases were still being reported daily to his department. With the approach of the warmer weather the greatest care should be taken to ensure that all cooking and drinking water was thoroughly boiled, he said. His department was still busy on a programme of educating people in rural areas about the dangers of using dirty water. [Text] [Johannesburg THE CITIZEN in English 14 Oct 82 p 10]

CSO: 5400/21

BRIEFS

VIRAL FLU EPIDEMIC--The Chilaw district has been in the grip of a virus flu for the last few weeks. The victims are mostly little children and aged people, whose resistance power to this wind borne virus is very low, according to medical opinion. The patients suffer from high fever, cough and body pains which last for over a week and in many cases for two weeks. Hundreds of patients seek treatment daily at the government hospitals and private dispensaries. After recovery patients complain that they have no appetite and are not strong enough to attend to their normal duties. This epidemic broke out after the rains ceased a few months ago and thereafter the district has experienced droughty weather conditions with high humidity. The rains that were expected in August are yet to come. Farmers in the district who depend on the rains to cultivate their paddy and other high land crops are wondering whether they can cultivate their fields for the Maha season. However, thev are hopeful there would be rain at least by mid October to provide them with sufficient water for cultivation. [Text] [Colombo DAILY NEWS in English 30 Sep 82 p 1]

CSO: 5400/4310

COUNTRY'S PRIVATE, PUBLIC HOSPITALS COMPARED

Damascus AL-THAWRAH in Arabic 10 Jul 82 p 4

[Article by As'ad 'Abud and Bassam Ja'arah: "The Health Issue in the Hospitals and Clinics: Public Vs. Private"]

[Text]

How's your health?

This salutation is heard countless times every day, indicating the importance of health in the mind of every human being. But that's not all. When we drink a toast to someone we say, "To your health!"

How's your health? Here it carries the meaning of inquiring about the true health services situation in our country and consequently the health of each citizen. This is a large, far-reaching, and highly complex issue. Medicine and the policy of its distribution are part of health. International education is part of health. Athletics is part of health. Health and social security are part of health. So are nutrition, housing, the doctor, the nurse, the hospital, and technical equipment. All these are connected with health.

On this occasion we will examine health through the hospitals and the health centers in the public sector and the bases of their policy toward the citizen.

Services Provided by the Public Hospitals, Not Picturesque Appearance

The last few years have brought about the dedication of many public hospitals, health centers, and clinics as part of the services provided to the citizens by the state. However, this has certainly not put us in a desirable position from the standpoint of the share of hospital beds for a given number of citizens, the number of doctors employed, or the number of nurses. This is an acknowledged reality and an effort is being made to change it for the better through the construction of new hospitals, health centers, and clinics.

There is no doubt that the ratio of beds, doctors, or nurses to citizens has improved in recent years, and this is considered an important gain for the masses. However, if we ignore the question of quantity for a moment, there still remains the question of quality, which is also in very short supply.

The first thing I would like to discuss is my view that the individuals in charge of the practical situation and the planners who seek to make the situation better are dominated by a tourism mentality rather than a health mentality. They look on building a hospital as if they were building a tourist hotel and view the construction of a health center as if they were constructing a rest-house or something similar. In the tourism sector, people are very much concerned with achieving an appearance that will attract tourists and evoke an image of comfort and relaxation, thus causing them to enter the establishment and spend their money.

If one form or another, we can consider this a kind of deception. But is it true that we employ deception in the health field, as well?

In any field we want to deal with, there are priorities according to which we must act. In the field of tourism, it is true that the priority is on the site, appearance, and furnishings of the building as well as its "novelty," to use the popular term. But in health, the priority is definitely on the manner of operation and the basic elements of service. The patient's first concern is getting rid of the affliction, not relaxing in the hospital like a tourist. As soon as we achieve this, we can think about appearance and furnishings. If we are able to attain both of these things, that is the best of all.

Under which concept is development of our hospitals, health centers, and clinics taking place in this country?

The first thing that can be noted is that the first priority is that which focuses on the real weakness, namely, the operation within these centers, hospitals, and clinics. From the standpoint of appearance, so many times we see them opening a hospital--amazingly enough--that is fully comparable to a Sheraton hotel in terms of presumption and appearance. And when you look at the operation of this hospital, you would probably believe that it is more a hotel than a hospital. And herein lies the biggest loss, because we pay with effort and money for something inappropriate.

I will proceed on the basis that we are in agreement that the importance of any hospital, clinic, or health center derives from the scale and importance of the services it offers. We want to solve the problem of the citizen who needs the health services of the state. Let's leave the rich or near-rich who do not need these services to solve their health problem however they like and in accordance with their resources.

I recall that I witnessed the start of operation of the new al-Hasakah hospital as well as the al-Raqqah hospital. I have also seen the opening of a number of clinics and health centers. All of these had excellent buildings with good furnishings, but in terms of providing health services, they suffered from defects in many areas. Then what is the benefit?

Of course, I do not want to present these hospitals and health centers as being overly concerned with appearance. But I do want to say that the gap and relative disparity between appearance and operation was plain to see. This hospital with its many clean white beds may have one, two, or more doctors, but all of them--and this is the important thing--work in the private sector in a hospital or office. This is the beginning of the health problem in Syria: the struggle between public and private.

Let's skip the struggle between public and private for now so we can further illustrate the disparities. I said that in spite of the progressive appearance of some of the hospitals when they were opened, they suffered from poor quality in the health services they offered--or more correctly, it was the patient who suffered. This can be observed now in many of the hospitals in Damascus. We find that the reason for the poor conditions existing is negligence and a shortage of doctors and nurses. In contrast to this, we can observe some hospitals that are humble in appearance but provide very satisfactory services. An example is the Jablah hospital. Here we see harmony between appearance and operation. This is what we really want, and we want our hospitals, clinics, and health centers to be developed on this basis. In general, there are many health centers and clinics in our country that do not have a single doctor or nurse and there are many hospitals that are incapable of providing basic services.

Therefore our chief problem in the hospitals and health centers of the public sector is not a problem of existence. We can easily deal with this, by which I mean that we can easily construct such hospitals and health centers. Our problem is the services within them. At this point we will look at this problem more specifically to see what the influencing factors are.

The operation of the hospitals and health centers is based on manpower and equipment. The manpower consists of doctors, health assistance, and nurses. Also, the role of the health administration in organizing the operation of this manpower should not be forgotten.

While it is true that there is a continuing general shortage of numbers in Syria's health cadre, the quantitative deficiency is not the sole reason for the low quality of health services in the public hospitals. The distribution of the manpower and their operating procedures are also factors.

From the standpoint of distribution, despite the fact that the state has worked to establish health centers and clinics in the rural areas and hospitals in the smaller cities during the last decade, most facilities remain concentrated in the large cities. These cities monopolize the largest share of hospital beds, doctors, health assistance, and nurses while the poor cities and rural areas suffer from shortages of all groups within the health cadre.

A second factor is the manner of operation within the hospitals, which is generally characterized by negligence and inattention. This alienates the people from these hospitals and compels them to seek private hospitals to be ravaged by their high prices. If they do not have the resources, they are consumed by negligence and inferior services in the state hospitals. I want to point out that I do not mean to generalize by this, rather I take up the phenomenon to arrive at the root of the problem.

The root of the problem in my view is public versus private as I mentioned earlier. It is the commercial mentality that has come to dominate over the logic of knowledge and charity. From the time he enters medical college, the doctor gives more consideration to attaining an excellent class economic status than to anything else. Even when he selects his specialty, he does so according to the standard of which specialties bring the best income and nothing else.

The health assistant and the nurse have been put in the position of working as an inferior class from the standpoint of income. This has pushed them into negligence and the use of corrupt methods to attain material gain.

This commercial mentality motivates the cadre member to seek profit and he usually finds it in the overcrowded cities. In addition, these cities ensure him the opportunities for comfort dictated by his good material position. As we have pointed out, they also push him toward private practice because the opportunities for profit are greater than those provided by working with the state and in public hospitals. In this way we have arrived at a situation in which the director of a public hospital is also the owner of or partner in a private hospital. This also applies to the department head and the specialist, who, if he is not a partner in a private hospital, has a practice to which he gives the major portion of his time and attention at the expense of his work in the public sector.

The question is: What kind of medical services will be provided by the owner of a private hospital--or even a private office--in a public hospital?

Won't the same motive that fills his mind with the idea of quick material profit lead him in the spirit of competition toward intentional neglect of the public hospital in order to improve the position of his private hospital or office?

We are in a social situation in which you find everyone pursuing personal comfort and you cannot blame the people for that. This applies to a large extent to the position of the doctors. Their work is condemned logically and morally but is backed legally. It is the law that can improve the health services situation in the hospitals, not reliance on morality.

What Action?

We say it once again: There must be a separation between public and private. The individual who chooses to work in the public sector, whether because of personal choice or because the state taught him and put him where he is and he is obligated to work in its hospitals--this doctor must be prohibited from undertaking any private work or owning a share in a private hospital. Of course the state must also provide those working in the public health cadre with the salaries and compensations they deserve. This will create a public hospital that can truly compete with the private hospital.

The Private Hospital

What does the ordinary citizen--any citizen--want from the private hospitals? Is he able to obtain its services, and how is he able to do so? The answer to these questions defines the essence of the issue at hand and reveals the status of operation in the country's private hospitals and the conformity or lack of conformity of this status with the policies designed to ensure health services for the citizens through the public and private sectors.

In general, one must acknowledge the urgent need for the participation of the private sector in the provision of health and therapeutic care through the health services facilities that it can put to use in order to achieve the goal of health care and provide therapeutic services. In the light of the actual situation and the available resources, the state is not able or has not been able to ensure sufficient health facilities to meet the citizens' health care needs. Rather, we can say that the number of beds in the public and private hospitals does not meet the required needs. If there were empty beds in the private hospitals, then for this reason private considerations would have no relation to the law of supply and demand and we would discuss them no further.

The important thing is to confirm that the existing health situation demands the participation of the private health sector. For this reason, also, the state has not spared any support to encourage the private sector to participate in this field with the aim of filling the current gap in the number of public hospital beds and ensuring health care for the citizens. The state has provided material and moral support. In fact, it has drafted the appropriate legislation to make this support available.

But?

Have the goals of support and encouragement been met? In other words, has the desired equation been satisfied: state support + private sector participation = health care for the citizens?

I do not imagine that there is anyone who can claim that it has except for the owners of the private hospitals. Rather, we can acknowledge the emergence of a new equation that becomes more established every day. It has this form: Additional support and encouragement = additional abuses against the nation and the citizens.

We will not content ourselves with recording the concerns but will try to present some of the vital facts and some examples of these abuses. First, we can confirm the comments about the prices of medical services in these hospitals. While the Ministry of Health and its departments have classified these hospitals into categories and specified the prices for each category, all these hospitals without exception persist in violating the schedules of fees and prices. They continue to do this because of the lack of oversight and accounting. Any patient who has dealt with these hospitals has observed this because the fees charged by the private hospitals often exceed the fees specified in the Ministry of Health schedules. Moreover, they are not in keeping with the incomes of the citizens to any extent at all. Can we believe, for instance, that a bandaging operation in a private hospital costs 750 Syrian pounds? Or that a fee for one night in a hospital bed exceeds 400 Syrian pounds--more than a night's stay in a first class hotel? Or that the cost of the most minor surgical operation is no less than 4,000 Syrian pounds?

We will not continue citing all the facts. We will only ask: Is this situation in keeping with the goals of government support and the interests of the citizens?

I do not believe that it is at all. In fact, no citizen can consider for one moment the possibility of obtaining the services of these hospitals. When I deny that the citizen is capable of dealing with these hospitals, I am talking about the masses, not the elite. If these hospitals were set aside for the treatment of the elite, we would not object to that but rather we would object to their receiving government support that was supposed to be employed to serve the mass of citizens rather than the elite. While the owners of these hospitals repeat from time to time their famous statement that the citizens are free to deal with them or boycott them, this argument collapses when they receive support and do not enjoy the benefits of the "Health Insurance" law. If the state is unable to control the abuses, it can at least transfer the support to the public hospitals.

First Aid

There is another issue we should deal with. It relates to the problem of abuses, specifically with the problem of first aid services. These hospitals--or most of them--have refused to provide first aid services to the citizens. We can specify the names and dates if necessary. This is a critical issue that must be dealt with seriously because custom requires the offering of first aid under all conditions, particularly states of public emergency.

Other Repercussions

The issue is not limited to the issue of fees, prices, and practices that take place at the expense of the citizens. It also extends to the public hospitals. The owners of the private hospitals could not withstand the arena of competition if the public sector hospitals were provided with the means to enable them to compete. I specifically mean the issue of material and technical support. For this reason, the influence of the owners of private hospitals--especially those who work in the public health sector--extends to include the public sector. They are trying by various means to confuse the picture of the services provided by the public hospitals. They are working through their positions of influence in the public health sector to create an unending stream of difficulties in the public hospitals. Can we imagine how it is possible for the owner of a private hospital to work to develop the services of the public hospital in which he works? Can he offer his expertise and medical resources to develop the public hospital in which he works when he knows that this development will be at the expense of the private hospital he both owns and operates?

We must concede that it is the owners of the private hospitals who supervise over the administrations of the public hospitals or occupy positions of influence in them. In light of this fact, we should not expect the public hospitals to offer more than they do now to the citizens.

Another Model

Finally, let us mention a new situation that reveals the full dimensions of the issue. When the political leadership decided to equip and open the Syrian Red Crescent Hospital in Damascus, the private health sector became furious because it realized that after the issuance of the political decision that it would not be able to freeze the status of the hospital and prevent it from being opened as it had done throughout the years prior to the political decision.

The Salvation

The private health sector tried to delay the opening of the Syrian Red Crescent Hospital because it realized fully that the new hospital with its modern building, its equipment, and its strong resources, would be able to compete with the private sector hospitals and expose the practices that went on in them.

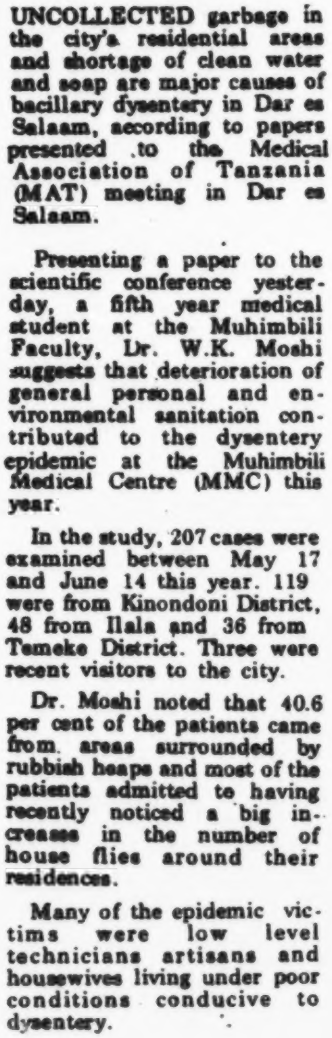
The solution lies in the control of abuses, in the repeal of the "Health Insurance" law, in the development of the public sector hospitals and the provision of additional support to them, and in the elevation of the health issue to a high step on the ladder of priorities.

8591
CSO: 5400/4738

CAUSES OF DAR ES SALAAM DYSENTERY

Dar es Salaam DAILY NEWS in English 25 Sep 82 p 3

[Excerpt]



UNCOLLECTED garbage in the city's residential areas and shortage of clean water and soap are major causes of bacillary dysentery in Dar es Salaam, according to papers presented to the Medical Association of Tanzania (MAT) meeting in Dar es Salaam.

Presenting a paper to the scientific conference yesterday, a fifth year medical student at the Muhimbili Faculty, Dr. W.K. Moshi suggests that deterioration of general personal and environmental sanitation contributed to the dysentery epidemic at the Muhimbili Medical Centre (MMC) this year.

In the study, 207 cases were examined between May 17 and June 14 this year. 119 were from Kinondoni District, 48 from Ilala and 36 from Temeke District. Three were recent visitors to the city.

Dr. Moshi noted that 40.6 per cent of the patients came from areas surrounded by rubbish heaps and most of the patients admitted to having recently noticed a big increases in the number of house flies around their residences.

Many of the epidemic victims were low level technicians artisans and housewives living under poor conditions conducive to dysentery.

CSO: 3400/9

BRIEFS

ANTHRAX DEATH, INCIDENCE, QUARANTINE--ONE person is reported to have died and three others admitted to Kijota Lutheran Mission Dispensary in Mtinko Division, Singida Rural District, after eating an anthrax-infected cattle meat. According to the Singida District Livestock Development Officer, Dr. Mohamed M. Bahari, the disease has also killed four cattle in the area. Dr. Bahari said in a statement that following the incident, Kijota Mpambaa, Mpipiti, Mghanga, Kitinko and Malclo villages have been placed under indefinite quarantine. [Text] [Dar es Salaam SUNDAY NEWS in English 26 Sep 82 p 1]

CSO: 5400/9

HIGH INCIDENCE OF HOOK WORM, LIVER FLUKES NOTED IN NORTHEAST

Bangkok BANGKOK POST in English 16 Sep 82 p 4

[Article by Niphat Taptagaporn]

[Text]

A group comprising representatives of the mass media, the German Embassy, the Khon Kaen provincial health authority and the Tropical Medicine Faculty of Mahidol University recently visited Pak Puey and Bueng Sawang villages in Khon Kaen's Muang District. The Tropical Medicine Faculty headed by Dr Santsiri Sornmanee is currently working on health development in seven villages around the Nam Phong and Nong Whai irrigation areas near the Ubolrat Dam. The Federal Republic of Germany aids the project in terms of financial assistance and experts.

LIFE has never been easy for villagers in the Northeast where poverty and hardship are clearly visible. And it cannot be any easier when great number of the people are suffering from diseases that have been brought by prosperity.

A recent study conducted by the Southeast Asian Ministry of Education Organisation (SEAMEO) and the Tropical Medicine Faculty of Mahidol University has revealed that villagers at seven villages in Muang District in Khon Kaen located around the Nam Phong and the Nong Whai irrigation areas are afflicted with parasitic diseases.

The number of cases is startling. At Bueng Sawang village, for example, last year 243 persons or 66 per cent out of total population of 367 suffered from liver flukes and 53 per cent out of 575 at Nhone Hua Chang village.

At Pak Puey village which is less than 20 kilometres from Khon Kaen provincial town and about ten kilometres from Bueng Sawang hook worms and liver flukes were found on 308 villagers out of 337 population. And the situation does not differ much at other villages.

Dr Santsiri Sornmanee, deputy dean of the Tropical Medicine Faculty at Mahidol University, who headed the project which studies the environmental impact of the dam and irrigation system on villages, said the diseases are closely associated with the dam and the irrigation system. He attributed the consumption of fishes and water which are main carriers of parasites and the poor sanitary system as causes for the illnesses.

Villages subjected to the study have been able to earn a higher income — in some cases as much as three times higher — made possible by abundant water from the dam than villages outside the irrigation areas. But the water has been found to be highly contaminated with parasites, viruses and bacteria.

Describing symptoms as loss of energy and a constant feeling of tiredness, Dr Santsiri said that hook worms and liver flukes normally are not life threatening, but if they travel to vital organs such as the heart, brain, or respiratory system, then "you can kiss life goodbye." In addition liver flukes can leave scared tissue once inside human organs which in many cases have turned cancerous.

There are about four million persons in the Northeast currently stricken with these diseases. Although the outbreak has not yet reached epidemic proportions, Dr Santsiri described the situation as serious.

"The problem is not because these diseases cannot be cured, but because they keep recurring, even on those who have been previously rid of parasites," Dr Santsiri explained. Statistics taken between 1981 and 1982 indicate only a slight drop in the number of patients.

At Bueng Sawang, for instance, the number of patients was 66 per cent last year, but a year later after all the patients have been treated, 40 per cent of them repossessed the illnesses.

Medical treatment is not the sole answer although it can be used to complement other measures to promote a better health environment. "It's like fighting a war, but in this case tradition and a way of life are our enemy," Dr Santsiri asserted.

Despite constant warnings, villagers have not resorted to other food and continue to eat raw fish *(Pra Ra)* which is commonly consumed in this part of the country. And the matter has been made worse by the plentiful supply of fishes around the dam.

A campaign to alter the life style, particularly consumption habits, of these people has not been successful. Words usually fall on deaf ears. That is why a large scale campaign is currently under way, hoping to attract greater attention and making villagers aware of the basis facts. Posters showing the danger of eating raw meat and fish have been erected in the villages, and movies emphasising sanitary food preparation are regularly shown to them.

The main obstacle is getting the natives to realise that they will have to help themselves for the most part because health officials can only do so much. There is still a degree of xenophobia among these villages where strangers are not readily accepted and where trust and friendship which are vital to carry out meaningful communication between officials and villagers have to be built on the basis of gifts and making acquaintances.

But, Dr Santsiri is opposed to giving gifts to these villagers believing that such practices will make the villagers think they just have to stick out their hand and help will be given. Instead, health officials have been sent out to meet them as frequently as possible to build a personal relationship.

"I don't want them to think that we're Santa Claus. We cannot really assist them if they don't cooperate and try to help themselves as much as they can. It isn't our intention to do everything for them. We want them to take the initiative, but with our advice and help," Dr Santsiri explained.

Medical attention is not enough to solve the problem, he stressed. It is equally important to raise the hygiene standard of these villages. Villagers, therefore, have been encouraged to participate in improving the health environment of their villages and in a basic hygienic education programme.

They have been taught to build large water containers with a capacity of about 1,800 litres of rain water at a relatively cheap cost and lavatories to be used instead of bushes.

Claiming some degree of success, Dr Santsiri said that almost all households of the villages under the project now have more than one water container and a lavatory. "By next year, every house will have its own lavatory," he hoped.

Animal raising has also been encouraged as an alternative source of food, but, according to one committee member of the village, most of the villagers are busily engaged in agricultural activities that do not have enough manpower or time to attend to animals.

Although the scope of achievement cannot be readily acclaimed, at least it is a start in the right direction.

But, Dr Santsiri confessed that the project still fails to influence the villagers' life style especially their eating habits.

"We'll have to resort to other methods which will be effective enough to draw their attention to the changes. It's imperative to make these villagers realise that we cannot be there indefinitely," he said.

How far the battle can be won will greatly depend on the availability of financial support. This task force is estimated to remain in operation for no more than another two years because of lack of funds. Dr Santsiri, nevertheless, expressed his gratitude to the German Government for providing financial assistance and sending its experts whose advice has been very beneficial to the project. The total financial aid from the German Government since 1978 has amounted to about 26 million baht.

CSO: 5400/4304

BRIEFS

GERMAN MEASLES THREAT--PORT-OF-SPAIN, Trinidad, Sunday, (CANA)--Health authorities in Trinidad and Tobago say there has been a marked increase in the number of reported cases of German Measles here so far this year, but warned that there was no need for panic. An official of Ministry of Health, Dr. Norma Demas, said the authorities were embarking on an islandwide inoculation programme to counter the spread of the disease, in which emphasis will be placed on girls between the ages of nine and 10 years old. According to official statistics covering January to July, there were 172 confirmed cases of the disease against 25 for the corresponding period in 1981. The major areas in which the disease was reported were Caroni with 50 cases, and the capital, Port-Of-Spain, with 26 cases. Private doctors dealt with a total of 70 cases over the same period. According to her, if a woman contracted German Measles during the first three months of pregnancy, she ran the risk of giving birth to a child without ear, eye or other impairments. German Measles, Dr. Demas pointed out, showed a tendency for a two year cycle, and its effects were now hitting Trinidad and Tobago. [Bridgetown ADVOCATE-NEWS in English 20 Sep 82 p 3]

CSO: 5400/7501

NEW IMPETUS TO THE ANTI-INSECT CAMPAIGN IN KINSHASA

Kinshasa ELIMA in French 24 Aug 82 p 2

[Article by N'Zinga Nsingi: "New Impetus to the Anti-Insect Campaign"]

[Text] Begun on 3 May, the anti-insect campaign for the city of Kinshasa entrusted to the three contracting firms, Impexkin, Kinchim and Interpharm, has not yet achieved the desired momentum. This fact was established at the last joint session of officials from the National Program of Sanitation, the Urban Coalition for the Environment and for the Conservation of Nature and Tourism and those from the contracting firms, a meeting chaired by the director of the National Program of Sanitation, citizen Kabeya Mukenyiwa Mulumba. This meeting had been convened in order to evaluate the activities of the vast operation of insect removal over the past 3 months.

This delay, it seems, is due to the fact that these firms were paid only 2 weeks ago and that until then they had worked only with the means at their disposal. From now on, payment having been made, the operation of insect removal is given a new impetus. The director of the National Program of Sanitation took advantage of the situation to remind each party of its role, its duties as well as its rights, in accordance with the articles of the specifications relating to them. Thus the contracting firms henceforth will have to conform to the criteria established by the National Program of Sanitation with regard to manpower, equipment and cleaning materials whose content is determined on the basis of surface unit. These firms will have to provide weekly reports and to officially designate their delegates according to Article 21 of the specifications.

The National Program of Sanitation will assume technical control through servicing and supervising operations and studying and evaluating them. As to the Urban Coalition for the Environment, for Conservation of Nature and for Tourism, it will handle daily administrative supervision.

The people of Kinshasa who impatiently await the extermination of mosquitoes which ruin their sleep and their health, hope that the results of this vast operation of insect removal will prove to be very positive.

9661
CSO: 5400/5781

BRIEFS

BILHARZIA RATE IN CHILDREN--HARARE--One out of every two schoolchildren in the rural areas of Mashonaland suffers from bilharzia. This was found in a Ministry of Health nationwide survey on the incidence of bilharzia in the country. The survey has been in progress for a year and is to be completed within six months. Results obtained so far show that 50 percent of rural children between the ages of 8 and 10 have the debilitating, but easily-cured disease. Dr Paul Taylor of the Blair Research Laboratory said the survey was the first stage of a multi-directional approach to control and reduce bilharzia. Dr Taylor said that as development in Zimbabwe increased and new parts of the rural areas were opened for agriculture, the prevalence of bilharzia increased with the rise in water consumption. Education by village health workers, the provision of "safe" water, more toilets, better facilities for detection of the disease and easier access to treatment, were some of the ways in which Dr Taylor said the ministry envisaged reducing the incidence of bilharzia. Children were being taught about bilharzia at school and educational pamphlets were being distributed throughout Zimbabwe, he said. [Text] [Johannesburg THE CITIZEN in English 9 Oct 82 p 9]

CSO: 5400/19

BRIEFS

FOOT-AND-MOUTH DISEASE--Tunja--Foot-and-mouth disease has been detected in Boyaca Department and is threatening to spread to Santander. Several mayors reported the outbreak of the disease to the governor's office and veterinary health officials are working to stop the virus from spreading. If this disease continues to spread at its current speed, Santander Department will be affected within a week. This would involve approximately 2 million head of cattle. [PA271407 Bogota Cadena Radial Super in Spanish 1730 GMT 26 Sep 82]

CSO: 5400/2007

BRIEFS

NIASSA ANTITRYPANOSOMIASIS CAMPAIGN--A large-scale campaign to combat trypanosomiasis, which is popularly known as sleeping sickness, will be launched shortly in Niassa Province. It will basically be carried out in Cuamba District. The campaign will be carried out by a team of the National Preventive Medical Services. It is aimed at fighting, and as far as possible eliminating, this sickness, which has stricken Niassa Province. The antitrypanosomiasis campaign has been delayed for 3 months because of the late arrival of vaccines. [Text] [Maputo Domestic Service in Portuguese 0500 GMT 25 Sep 82 EA]

CSO: 5400/17

SUGARCANE UNDER INSECT ATTACK; SOME SUCCESS REPORTED

Losses From Thrips

Bridgetown ADVOCATE-NEWS in English 16 Sep 82 p 1

[Article by Jewel Brathwaite]

[Text] **The Barbados sugar industry, currently undergoing severe pressures, is being attacked from another quarter. This time it is from the insects known as thrips.**

News of this has come from entomologist Dr. Muhammad Munir Alam, who said that the presence of the pests here had come at a time when considerable progress had been made in bringing two other insects Root-Borer and Moth-Borer under control.

Dr. Alam said that thrips which originated in the Far East were first reported in Guadeloupe two years ago, and since then had appeared in Barbados, Antigua, St. Kitts, St. Vincent, Trinidad and Tobago and Guyana.

Dr. Alam said that the pests attack young plants and ratoon canes with the population concentrating in the central whorl, feeding in colonies near the margin, on the upper leaf surfaces, and causing necrosis to parts of the leaves.

He pointed out that the thrips were well distributed in the island and all young plants are being attacked.

He has not been able to ascertain the losses because of the greater mobility of the pests from the affected areas to newly planted canes.

The entomologist noted that if there is good rainfall the plants will recoup from the damage.

"However if there is no rainfall there will be stress and some sugar will be lost," he added.

At present the source of introduction of the pests into the Caribbean is not known.

But according to Dr. Alam, "one may surmise that the insects may have been inadvertently introduced with infected plant material from the developed world, or may have travelled in strong air currents, such as those caused by Hurricane Allen in 1980, which originated from the West African coast."

He said that there were a large number of natural enemies in Barbados which can keep the pests under control while efforts are being made to bring similar ones from Pakistan to assist with getting the pests under control.

Dr. Alam, an entomologist with the Caribbean Agricultural Research and Development Institute (CARDI), is based at the Sugar Research Technology Unit.

His programme of work is being sponsored by the Sugar Producers Association (SPA) which manages the industry here, and Barclays Bank

International.

The discovery of the pests in the canefields here is sure to raise concern, especially in the light of the problems which the industry is passing through.

Cane fires and low prices were among some of the factors which contributed for the reduced earnings from this sector for the second consecutive year, following the BDS$115 million which the country earned two years ago from sugar.

Gains Against Borers

Bridgetown ADVOCATE-NEWS in English 17 Sep 82 p 2

[Text] Entomologist Mr. Muhammad Alam has reported considerable progress in bringing under control the root-borer and moth-borer insects which attack sugar canes.

He said that in the case of the moth-borer the country was now saving 15 000 tonnes of sugar annually as a result of the almost total elimination of that pest.

He made the announcement while giving an update on work to rid Barbados of the pests which attack the country's number two hard currency earner.

"Sugar cane root-borers are under control because of a number of factors involved in the ecology of the island," he pointed out.

He explained that the pest has a tendency to build up high population every 10 to 12 years, and given time the predators also build up theirs bringing the pest population under control.

The CARDI official noted that over the last two to three years the population had reduced significantly, but experiments on the chemical control of the root-borer were continuing.

In addition some attempts are being made to introduce exotic larvael parasites from the United States to continue the fight," Alam said.

The root-borer had been a source of concern to sugar industry officials here following attacks on canes mainly in the low rainfall areas of the south of the island.

Mr. Alam said considerable work was done in bringing the moth-borer down to manageable levels. This now stands at four per cent.

He noted that an upsurge in cane fires and changes in sugar cane varieties gave rise to an increase in the incidence of the pest.

CSO: 5400/7502

ANTI-LOCUST CAMPAIGN LAUNCHED

Djibouti LA NATION DE DJIBOUTI in French 9 Sep 82 p 4

[Article: "Operation 'Punch' Against Locusts"]

[Text] In the Orthoptera group, the locust (popular translation of acridian) counts as one of the most dangerous threats to the realization of the agricultural development objectives of some 60 countries (Africa, Middle East, Asia and South West Asia), covering altogether an area of 30 million square kms and including one-fifth of the world population.

Entomologists, using the characteristic of sedentariness as a criterion, divide the Acrididae into two large families:

--grasshoppers: a term designating gregarious Acrididae, apt to change their habits when their numbers become large.

--locusts: on the other hand includes all the nongregarious Acrididae which are usually sedentary.

The species which has recently invaded the Republic of Djibouti, known under the general term of arboreal locust, is a member of the latter family.

Contrary to the major migratory species, whose attacks are always savage and massive, the damage caused by locusts is minor at first, then becomes increasingly severe as new individuals reach the mature stage.

The abundant rains of February-March 1982, and the good rainfall that continued through mid-May created conditions favorable to the concentration and reproduction of Acrididae in the south of the country, and particularly around the Atar-Loyada area.

Land prospecting carried out jointly in April by the Department of Agriculture and the Desert Locust Control Organization for Eastern Africa [DLCO-EA] over this common area led to the discovery of the presence of many mature alates.

Land treatments carried out jointly with a DLCO-EA team during the last 2 weeks of April in the Douda-Atar-Loyada area produced good results, thus obviating the danger of an eventual invasion.

Again, towards the end of July, a team of agricultural technicians from the Atar project reported the presence of a large population of Acrididae in the area. Probably coming from neighboring countries, these locusts, for the most part arboreal locusts, quickly reached the city of Djibouti and its outskirts as well as the large wadis of the southern districts.

Having taken into account the gravity of the situation, the minister of agriculture and rural development, also president of the DLCO-EA as of 1 July 1982, made an appeal to the organization which was not long in being heard. A team of antiacridian specialists and an aerial treatment plane then took part in the operation for dealing with the locusts.

In the course of aerial spraying carried out from 27 to 30 August over the entire infested area, 1,200 litres of malathion and 600 litres of fenitrothion were sprayed over an area covering approximately 15,000 hectares. These large scale treatments brought the infestation under control.

One could not avoid noticing the swarms of dead or dying insects lying on the ground after the spraying.

It is also worth mentioning in passing, that the spreading of multiple purpose insecticides resulted in reducing considerably the mosquito population, thus contributing to the struggle against malaria carried on by the Ministry of Health.

9824
CSO: 5400/5782

FARMERS' ATTITUDES INTERFERING IN MOKO ERADICATION

Bridgetown ADVOCATE-NEWS in English 14 Sep 82 p 3

[Text]

ST. GEORGE'S, Grenada, Monday (CANA) — The head of Grenada's Moko eradication team, James Marrast, has said farmers attitudes are continuing to pose a severe threat to the efforts aimed at curtailing the spread of the banana disease.

Marrast, in a radio broadcast, said that farmers throughout the country have lost interest in the fight against Moko.

Mr. Marrast said that the disease was so severe that between June and July about 27 803 banana plants had to be destroyed because of the disease and that since it was first observed in the country in 1978 a total of 161 880 plants have been destroyed.

He said that although the eradication team had undertaken a number of initiatives aimed at drawing public awareness to the dangers of the disease, the fact remained that they have not been able to achieve the level of interest expected.

Moko disease which is now widespread in the northern part of Grenada broke out four years ago and in 1980 the government established a Moko eradication team within the Ministry of Agriculture to combat it.

The Grenada Government has also passed legislation giving extension officers the right to enter banana fields affected by the disease institute control measures, as well as for farmers to report suspected cases of Moko to the Ministry of Agriculture, the Grenada Banana Co-operative Society and the Moko eradication team.

Mr. Marrast said many farmers were not making any effort to stop the spread of the disease and were engaged in the practice of replanting bananas in affected fields before the required recovery period.

Other planters threatened members of the eradication team while others failed to use sterilisation equipment in fields known to be affected by Moko, he added.

CSO: 3298/015

BRIEFS

ELIMINATION OF COTTON PLANTATIONS--Cotton plantations constitute a danger. The Ministry of Agriculture may require owners to destroy 8,000 cotton fields that are infested with pests in Escuitla, in order to protect neighboring plantations, according to the minister of agriculture, engineer Leopoldo Sandoval Villeda. The official was questioned by journalists regarding a petition presented to the government by cotton dealers, who asked for economic aid to combat the pests that have propagated on the above mentioned plantations. The Ministry of Economics decided not to intervene. It was advised that the proprietors of enterprises seek a suitable solution. One would be to combat the pests immediately or to destroy the plantations. Minister Sandoval said that the deadline has come for eradication of the insects, since they could multiply and affect neighboring plantations, in view of the coming of winter. A plant health inspector went to the above mentioned area in order to check on the present situation in these sown fields. Based on his report, the ministry will express an opinion on what it considers most advisable. It is hoped that by next week a definitive solution will be reached. If the situation indicates that it is necessary, the ministry will require the destruction of planted cotton fields in order to prevent pests from increasing and endangering other cotton fields. The minister said that the government definitely will not be able to give any economic aid to combat the pests. The cotton dealers in question can avail themselves of lines of credit that are open to them in private banks. "In addition, we know that those who have been affected have asked for aid from the Bank of Paris, which is the institution that financed these agricultural activities." [Text] [Guatemala PRENSA LIBRE in Spanish 18 Sep 82 p 4] 8255

CSO: 5400/2000

BRIEFS

TOBACCO BLUE MOLD--The authorities of the National Agrarian Institute (INA) have detected the presence of "blue mold" in the tobacco fields of the eastern part of the country, which is diminishing the production of this item of vital importance for that sector, reported Luis Rodriguez, chief of the Tobacco Cultivation Project of that state organization. In the face of that situation, various companies that are located in the Jamastran Valley might have to terminate their operations, owing to the losses caused by this scourge that makes it difficult for plants to grow. Also, the previous year a moderate amount of another fungus known as Black Shal was detected in the same area. Owing to the above, the INA authorities are taking the necessary steps to control the disease, by carefully selecting and sowing nursery plants during the dry period. In conclusion the official said that tobacco growers throughout the entire country should not sow during the rainy season, since fungus develops in dampness. [Text] [Tegucigalpa LA TRIBUNA in Spanish 31 Aug 82 p 2] 8255

CSO: 5400/2221

BRIEFS

LOCUST SWARM ALERT--Pune, September 21 (PTI)--A telegraphic alert has been sent out by Maharashtra to the governments of Gujarat and Madhya Pradesh about a locust swarm which reportedly crossed into India on the Indo-Pakistan border near Khokurpur. The message about the movement of the locust--the dreaded short horned grasshopper which consumes all vegetation--was received by the Bombay city police control yesterday evening. It was subsequently passed on to the Maharashtra directorate of agriculture here. According to information available at the directorate, the message was apparently sent by Lahore and aircraft from both the countries were tracking down the swarm in a bid to kill them by spraying chemicals. As a precautionary measure, Delhi, Gujarat and Madhya Pradesh were telegraphically informed about the possibility of the locust migrating into the west zone. In spite of the gravity of the message, the directorate appeared to be doubtful about the eastward movement of the locust as New Delhi had no information about the movement of the locust swarm. Meanwhile, the directorate was in the process of alerting the plant protection authorities in Maharashtra to take adequate precautionary measures to ward off the possible threat. [Text] [Bombay THE TIMES OF INDIA in English 22 Sep 82 p 9]

CSO: 5400/7009

BRIEFS

STEM WEEVIL THREAT--Drought conditions in Canterbury have highlighted the threat posed by Argentine stem weevil to pasture growth. The Ministry of Agriculture and Fisheries' agricultural research division reports that local population densities of the pest are some ten times greater than those recorded in the Waikato where it is still considered to be causing serious pasture loss. Flights by adult Argentine stem weevils in Canterbury are so intense and frequent that insecticidal control is impracticable in most situations, according to the division. In Canterbury, the problem is complicated by widespread occurrence of ryegrass staggers on pastures in which the presence of the Lolium endophyte fungus has induced resistance to Argentine stem weevil. The division says hard summer grazing, such as occurs under drought conditions in Canterbury, increases the risk of ryegrass staggers. If ryegrass is grown free of the Lolium endophyte fungus, however, it becomes highly susceptible to attack by Argentine stem weevils. The adult weevils chew chunks of leaf tissue of the grass blades and the larvae cause damage by tunnelling inside vegetative and flowering tillers. [Text] [Christchurch THE PRESS in English 10 Sep 82 p 19]

CSO: 5400/9092

BRIEFS

COFFEE BERRY DISEASE--THE Coffee Authority of Tanzania (CAT) intends to spend about 140 million /- in 1982/83 to combat coffee berry disease (CDB) in the country. This was said by the CAT Executive Chairman, Ndugu Sangito Kaaya when welcoming the Minister for Agriculture, Ndugu John Machunda, to address coffee growers who had gathered at the Lyamungo Agricultural Research Institute last Thursday. [Text] [Dar es Salaam SUNDAY NEWS in English 26 Sep 82 p 1]

CSO: 5400/9

WARNING ISSUED ON POSSIBLE LOCUST PLAGUE

BK080256 Bangkok Domestic Service in Thai 0000 GMT 7 Oct 82

[Excerpts] Dear listeners, for our program on economy for the people this morning, we have received words from Mr Wichai Khusakun, an expert of the agricultural technical department, in connection with the current outbreak of locusts which have ravaged paddy and other crops of the people in Chum Saeng, Nong Bua and Phai Sali districts, Nakhon Sawan Province. The danger from this type of locust is very serious since they can spread through breeding in a short period of time. It is possible that a real plague can break out in about 1 or 2 months from now. The agricultural technical department would like to advise the farmers in the above-mentioned areas of the following steps to be taken.

If farmers find young locusts in any areas, they should immediately inform anti-pest officials or Agriculture Ministry officials attached to district or tambon offices. The officials will carry out eradication operations for the farmers. However, owing to the limited number of officials, farmers and owners of the fields must spray insecticide by themselves. In order to eliminate young locusts, insecticide mixed with molasses, which is used as bait, is sprayed on the areas. The composition of the insecticide is as follows: 85 percent (carbariel) powder, mixed with about 20 tablespoons of water. Use 20 litres of water for every 2 litres of molasses. The insecticide must be sprayed on the plants or grass lived on by the locusts. Animals must be kept away from the sprayed areas for about 10 to 15 days for fear that they might be poisoned from the insecticide. Although this kind of insecticide poses very little danger to domestic animals, farmers must use great care in using it.

CSO: 5400/4311

BRIEFS

FIGHT AGAINST PESTS--More than 29,000 hectares of rice in Hai Hung are being damaged by leaf rollers, stem borers and brown leafhoppers. To create conditions for cooperatives and member families to prevent and control pests, the province has supplied them with an additional 30 electric-powered spraying tanks, hundreds of insecticide spraying tanks, 10 tons of insecticide, and 67 tons of gasoline and oil. Provincial and district pest prevention and control teams have been set up to help the cooperatives in heavily affected areas. Thousands of families have saved thousands of hectares of rice by maintaining a reasonable water level in the fields, scattering diesel-soaked sand on riceplants, and stirring their tops with sticks. The Districts of Tu Loc, Ninh Thanh, My Van, Chau Giang and Kim Thi have exterminated pests in many areas, one by one, in coordination with using kerosene lamps to entrap moths and exterminating the newly hatched ones. Through assigned cooperative cadres and plant protection team members, and along with cooperative members' families, Thanh Hai (Nam Thanh), Phung Hung, and Gia Tan (Tu Loc) cooperatives have detected and neatly exterminated pests. [Text] [Hanoi NHAN DAN in Vietnamese 19 Sep 82 p 1] 9213

CSO: 5400/4303 END

JPRS 82472

15 December 1982

Worldwide Report

EPIDEMIOLOGY

No. 305

FBIS FOREIGN BROADCAST INFORMATION SERVICE

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15 December 1982

WORLDWIDE REPORT

EPIDEMIOLOGY

No. 305

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ASSEMBLY FORMS COMMITTEE TO STUDY IMPROVED HEALTH CARE

Nassau THE TRIBUNE in English 11 Nov 82 pp 1, 9

[Text]

BAIN TOWN MP Dr Norman Gay was named by House of Assembly Speaker Sir Clifford Darling Wednesday to chair a select committee to consider matters relating to expanding and improving the health care services, and the collection and disposal of garbage.

Other members appointed to the committee are: Northern Long Island MP Philip Smith, St John's MP Peter Bethel, Mayaguana MP Vernon Symonette and FNM Shadow Minister of Health Pierre Dupuch, MP for Shirlea.

Health Minister Livingstone Coakley moved for the appointment of the committee yesterday afternoon announcing that the government intends to embark on an anti-litter programme next year and will intensify its garbage collection. The minister was not appointed to the committee.

Also speaking on the government-sponsored motion were Blue Hills MP Arthur Foulkes, Mr Dupuch, Mr Smith and Grants Town MP Bradley Roberts, who briefly refuted a statement by Mr Dupuch.

Mr Smith said that House members should take less time debating the creation of a select committee and debate the findings of such a committee instead.

He also lashed out at those who litter saying that they should be told "at the risk of physical violence" that they have no right to "dirty my home."

Taking issue with Mr Dupuch's statement yesterday in the House that the government leased a portion of the old Bilney Lane clinic building to his political opponent in Shirlea, Grants Town MP Bradley Roverts said he personally told Mr Dupuch that it was leased to the Shirlea Community Development Association.

Mr Roberts, who was Mr Dupuch's opponent in Shirlea during the 1982 general elections, said the government agreed to lease to the association which is planning to build a day-care centre for two year olds and under in Shirlea.

Accusing Mr Dupuch of misleading the House, Mr Roberts said that there were five day care centres in the area but none caters to children under two years of age.

Blue Hills MP Arthur Foulkes called for the disestablishment of the Princess Margaret Hospital from the Ministry of Health saying the government had the same, old, colonial-style of administration.

He said that ordinary drugs should always be available at the hospital and that if the health system was to work, there must be communication between the government and the people responsible for the delivery of health care.

"There must be some reliable communication between the professionals and the government," he said.

He said the previous United Bahamian Party government did a lot of bad things but the one good thing they did was to disestablish some government departments.

Mr Foulkes also spoke of the problem of litter and what he termed the "terrible condition" of Bay Street.

He said that he could not understand the mentality of persons who would throw litter on a clean lawn.

Oh pollution in Grand Bahama, he said he hoped the government would get some professional advice on the dangers of pollution caused by the presence of three industrial plants – BORCO, Syntex and Bahamas Cement.

"It would be a tragedy of the greatest magnitude if we allowed industries to ruin the environment," Mr Foulkes said.

Winding up, Mr Coakley said that both he and the previous Minister of Health had looked critically at decentralization and disestablishment of the hospital.

CSO: 5400/7516

MINISTRY INAUGURATES NATIONAL ANTI-LITTER CAMPAIGN

Nassau THE TRIBUNE in Enblish 11 Nov 82 pp 1, 9

[Article by Anthony Forbes]

[Text] HEALTH MINISTER Livingstone Coakley told House of Assembly members today that his ministry's objective in 1983 is to collect garbage twice a week and implement a national anti-litter programme.

Mr Coakley said his ministry will be in a position to show it has the will to improve the environment and to make an announcement in advance what its programme is when the collections are to be made.

The Minister's remarks came as he moved for the appointment of a select committee to consider the expansion and importation of health care services and the collection and disposal of garbage in the Bahamas.

He said the ministry has plans for more clinics to be established in the Bahamas and he will indicate what will be done about them when he speaks during the upcoming budget debate.

He said the Rand Memorial Hospital in Freeport will also be improved to help alleviate some of the leading causes of death, including high blood pressure diseases, cancer and pre-natal deaths.

For the first time in the Family Islands, he said, there is a greater distribution of medical officers with the implementation of the Government-sponsored dental care programme, which is done in circuits in the central, southern and northern Bahamas.

He said there is a greater distribution of trained nurses in the country and that greater emphasis will be placed on the training of community nurses.

Through the help of the Pan American Health Organization (PAHO), Mr Coakley told the House, many steps were taken to improve the administration of the hospital.

He said a central planning unit and manpower development programmes have been established and PAHO has done a tremendous job in finding qualified manpower and assisting the Bahamas in training them.

Pointing out that there must be an overall awareness of the need for the public to be aware of littering the country, he said the ministry will focus on health education and urged the formation of voluntary community health organizations.

He said his ministry will continue to spend millions of dollars on its cleaning up programme, but unless the people, and organizations are aware, the ministry will not achieve what it hopes to achieve for the country.

The Minister also called for a change of attitude in the hospital saying that they are being paid an alarming sum in personal emoluments from the total allocation of funds for the hospital.

He said hospital staffers are being paid 33 per cent in personal emoluments of the sum allocated to the hospital and have been consistently paid over 30 per cent over the last several years.

"What is perhaps needed," the Minister said, "is better management."

He said the professionals at the hospital cannot say a proper allocation of funds is not being made to the institution to administrate the affairs of the hospital.

"We expect a degree of professionalism from the staff of the hospital in an increase of the services they offer," he said.

But he said that the greatest problem his ministry faces, is management of the environment, and stressed that "we have got to find a way to improve the environment."

He told of people holding cook-outs at public grounds and not returning to clean up, leaving the work for Ministry of Health workers.

"Our objectives is twice a week garbage collection in 1983 with the type of equipment we have," he said, adding that another objective is to start a national anti-litter programme.

CSO: 3400/7516

HEALTH OFFICIAL DENIES MENINGITIS EPIDEMIC

Santiago EL MERCURIO in Spanish 28 Oct 82 p C 1

[Text] "There is no meningitis epidemic," specified Dr Maximiliano Montero, secretary of the Metropolitan Ministry of Health, at a press conference yesterday in which he discussed the progress of the present immunization program. The six chief physicians of the region's health service accompanied Dr Montero in the discussion with the journalists.

At this time he stated that the vaccination program had gone faster than expected. Again he said that the present program is a preventive one which is routinely provided by the health department.

The ministry secretary categorically denied that there was an epidemic, and this was corroborated by the chief physicians. He also said that the immunization program was part of an epidemic prevention plan. It was not cut back in October as had been thought when the number of cases stabilized. He said that by 27 October there had been 76 fatalities--16 percent of those who had contracted the illness.

The Campaign

The six chief physicians of the region's metropolitan health service described the work that was being done through doctors' offices, rural clinics and mobile units. Vaccinations planned for the first 4 days had gone over the mark. An overall 41.9 percent of the goal had been reached, and in some areas such as in the north they had reached 54.4 percent of the goal with 145,697 persons vaccinated.

Statistical data from the regional ministerial secretariat indicates that a majority of those vaccinated are between the ages of 6 and 14, and the biggest percentage, 59.1 percent, are between 6 and 23 months. In the northern area 75 percent of the population in that age group has been immunized. Dr Montero confirmed that the program will be completed ahead of schedule in approximately 10 to 14 days. "The schedule has been accelerated," he said, and added that to accomplish this they are counting on assistance from health service personnel and the authorities such as the mayors.

In discussing the methods used, they said that the "jet injector" process can vaccinate from 400 to 600 persons per hour, even going as high as 1,000. Five hundred can be vaccinated per hour using a syringe, and an experienced nurse can do up to 800.

8146
CSO: 5400/2019

RABID ENCEPHALITIS CAUSES DEATH

Bogota EL TIEMPO in Spanish 22 Oct 82 pp 1-A, 16-B

[Article by Martin Alonso Parra: "Death of Psychologist in Pereira"]

[Text] Pereira, 21 October--A Belgian psychologist has died of rabid encephalitis. She and her 2-year-old son, Federico, and several neighbors were bitten 45 days ago by her own dog--the same dog that escaped from the Association for the Protection of Animals and then injured 6 other persons.

This death, the first to occur in Risaralda from a human rabid epidemic, took place 24 hours after the declaration of a state of health emergency by the authorities in the department. This was done because of a rabid epidemic. diagnosed as such by the ICA [Colombian Agricultural and Animal Sciences Institute] and the Branch Health Service after examining 4 dogs that had bitten more than 30 persons.

Francine Merk, a native of Brussels and a professor at the University of Quindio, had entered the Social Security clinic of Pereira on Monday, 11 October, with apparent rabid symptoms. The doctors later diagnosed that this indeed was a case of human rabid encephalitis, which results from the bite of a rabid dog. Once a person is thus afflicted, the disease becomes irreversible and causes death.

The efforts of a group of doctors in Risaralda, who were joined by Gabriel Toro Gonzalez, a neuropathologist and official of the National Institute of Health, with headquarters in Bogota, failed to save the life of the unfortunate professor, who died at 2100 hours on Wednesday.

Unequal Struggle

Many friends and relatives of the victim, including her husband, psychologist Carlos Escobar Belalcazar, professor at the Technological University of Pereira, as well as the group of doctors who treated her, had hoped that the drugs that were administered--doses of gamma globulin--to increase her system's defenses would win the unequal struggle against the fateful virus that caused her death 24 hours after she went into a coma.

Health Emergency

The Social Security doctors told EL TIEMPO that the death of psychologist Francine Merk constitutes the first case of human rabies in Risaralda. It occurred precisely 24 hours after the declaration of the health emergency, upon confirmation by the Branch Health Service and the ICA in Manizales of the existence of a canine rabies epidemic in the towns of Pereira, Dosquebradas, La Virginia, and Santa Rosa.

The dog vaccination campaign that was begun in Risaralda several months ago was intensified in recent days, immediately after the rabies outbreaks, said Dr Julian Velez, chief of the technical section of the Branch Health Service, who commented that a total of 40,000 dogs have been vaccinated throughout the department.

Vigilance

A special program of health vigiliance has made it possible to identify and to keep under strict observation 10 persons who were bitten by rabid dogs. They were immediately administered a "CRL" anti-rabies vaccine. Dr Julian Velez appealed to all those who have been bitten by these animals to go immediately to health centers, where they will be given emergency treatment.

About a hundred street dogs are being observed by veterinarians of the Branch Health Service and the Association for the Protection of Animals, following numerous round-ups in the towns of Pereira, La Virginia, Santa Rosa, and Dosquebradas.

Nelson Cortes, a zootechnician and veterinarian and president of the Association for the Protection of Animals, told EL TIEMPO that the agency lacks sufficient technicians and surgeons to treat the increased number of animals under its care, in this case 55 dogs that are undergoing special observation.

8255
CSO: 3248/2024

BRIEFS

EQUINE ENCEPHALITIS VACCINATION CAMPAIGN--The government of Cundinamarca, through the secretariats of Agriculture and Health, with the cooperation of the ICA [Colombian Agricultural and Animal Sciences Institute], began an extensive vaccination campaign in order to prevent equine encephalitis and to prevent those who care for afflicted animals from contracting the disease. Jesus Hernando Lozano Diaz, chief of Agriculture, stated that, faced with the danger that this disease might attack the animal population, the government is implementing an important vaccination campaign in some areas of the department, deeming that the virus is one of the most dangerous to public health, owing to the nature of its transmissibility to humans. In developing the plan, vaccine viruses are being made in areas of Arbelaez, Medina, and Pacho, among other towns. This past Saturday the equine population of La Pena was vaccinated. Vergara is preparing to do the same soon. [Text] [Bogota EL SIGLO in Spanish 28 Oct 82 p 2] 8255

CSO: 5400/2023

BRIEFS

NATIONAL ONCHOCERCIASIS STATISTICS--Studies just completed allow us to estimate the number of our people who have been exposed to the risk of "river blindness" at 132,000. Of this total number, 30,000 have the disease and 1,400 are blind. This was revealed at a press conference held last Friday at the Ministry of Health and Social Affairs. The disease creates an important problem for the country. The people who live in the Corubal and Geba river basins burn up with this type of malarial fever, and this disease makes it even harder for these migratory people to overcome hunger. For another thing, national production is decreased because an important area, fertile and suitable for agriculture, then remains uncultivated. As the Ministry of Health and Social Services has made well known, "we are one of the 32 poorest countries of the world, largely depending on foreign aid. Still that does not allow us just to fold our hands in the face of a situation which threatens the health of the Guinean people." For this reason then, the fourth conference which will take place beginning on 16 November 1982 in Bissau is very important. This will be a conference of the health ministers from Cape Verde, Guinea, Guinea-Bissau, Mauritania, Senegal and Sierra Leone which must approve a plan proposed by the World Health Organization for persuading and getting commitments from potential financial backers for the struggle against onchocerciasis. [Bissau NO PINTCHA in Portuguese 20 Oct 82 p 80] 9972

CSO: 5400/46

BRIEFS

YELLOW FEVER ALERT--Georgetown, Guyana, Friday, (CANA)--Three deaths in the Guyana-Brazil border area accompanied by symptoms of yellow fever have led local health authorities to launch a public awareness programme to encourage persons travelling to that region to obtain immunisation vaccinations for their own safety. The local media yesterday reported the deaths of two gold miners in the border area and of another person at Monkey Mountain in the same southern Ruponuni region. Chief medical officer Walter Chin said however, that health authorities had no official confirmation of an outbreak of yellow fever in the region, either from local sources or from the Caribbean Epidemiology Centre (CEC). He explained that as a precautionary measure supplies of yellow fever vaccine had been sent to major population centres in the Rupununi region for residents. Immigration authorities in the area, civil aviation and port health authorities have also been alerted to the possibilities of yellow fever contamination in the hinterland. [Text] [Bridgetown ADVOCATE-NEWS in English 6 Nov 82 p 3]

CSO: 5400/7517

LEPROSY TREATMENT IN VIENTIANE HOSPITAL DESCRIBED

Vientiane SIANG PASASON in Lao 8 Sep 82 p 3

[Article by Phongthachit Savatdiphon: "Our First Visit to the Hospital for Skin Diseases"]

[Text] The hospital for skin diseases is subordinate to the Ministry of Public Health. It is located in the Vientiane Capital municipal area. Today we had an opportunity to visit the hospital, and as soon as we entered the hospital which is not very large what caught our attention was seeing patients sitting and waiting for their examination. A doctor permitted me to see Dr Souphanthavong Langsi, the chief responsible for the hospital, who explained to us that this hospital has been examining and treating patients since 1965. It consists of 2 buildings. One is for examination and leprosy treatment and has 20 beds. The second building is for general skin disease examination and for dispensing medicine; when the medicine is finished the patients are scheduled to come back for further examinations and medicine until they are well again. Patients with serious leprosy must stay in the hospital for their follow-up treatment for a period of time, then take medicine at home until they are scheduled to come back for more examinations and medicine until they are well again. He told us that treatment for leprosy is not as easy as it is for other diseases. There are two types of leprosy. The less serious type is not contagious; the patient must be examined and must take medicine regularly for 4 years in order to be well again.

The serious type of leprosy is contagious; a patient must be examined and must take medicine regularly for 6-10 years in order to become well again.

Effective medicines used at the present time and which are easy to administer are (DDS Lampensiba). The adult dosage is 1/2 to 1 tablet daily, and the children's dosage is 1/4 to 1/2 tablet, depending on the patient's weight. There are many different kinds of vitamin supplements to take care of their health, to prevent disease in wounds and all over the body, and also to take care of their eating habits (supplemental use). Since the time the hospital was opened up to 1980 there have been 1,274 suspected and proven leprosy patients who came for examination, treatment, and for medication. Those who have regular examinations and who take their medicine regularly can really get well. Compared with 1981, there were 158 patients who came for examinations and treatment, including 38 new patients who came to be examined.

In the first six months of 1982, 313 leprosy patients came for examination and treatment, including 35 new ones. Meanwhile, for the general skin disease examinations and medicine distribution sections, in 1981 there were over 7070 people who used the services. In the first six months of 1982 there were 3205 people who used the services. Dr Souphan took us to see leprosy patients who were being treated. They freely admitted that under the old regime their whole families had been banished to live in the jungle pitifully and with no food. They would have been left to die just like that.

Rhia, 42 years old from Ban Na Bao, Na Bao Canton, Paksan District, Vientiane Province, said that he worked for the old regime until he became too weak. When they suspected that he had leprosy they chased his family to live in the jungle until the new regime arrived. He returned for examination and treatment where he is now. [His] last 5-6 years of treatment have been very good and without any charge. He was extremely well taken care of by revolutionary doctors and the new regime. Dr Souphan added that treating of patients is done in many ways. An important one is to find ways for them to be creative by doing like work such as weaving, preparing vegetable beds, etc. in order to train and rejuvenate disabled parts of the body, make them forget their illness, etc., and to relieve them of their pain.

On the path of progress for all of the public health skin disease sections there is something important that is being expanded widely into production bases throughout the nation. It is to search for the sources of the diseases and then get rid of them gradually until they are completely gone. This will make everyone healthy and strong in order to take part in maintaining peace and happiness, national defense, and national construction. They will be the new socialist man.

9884
CSO: 5400/4305

BRIEFS

CHOLERA INOCULATION CAMPAIGN--At least 7,000 persons have been innoculated [as published] against Cholera in the Mano River area since the No Way Camp landslide incident on October 6. A release from the Bong Mining Company's Monrovia office gave a breakdown of those vaccinated as follows: Mano River Hospital (Out Patient department) 700 persons; Upper Camp Clinic, 531; Kongo Public School, 1,716 and No Way Camp, 2,924. The release said the Medical Director of the hospital at the National Iron Ore Company in Mano River, Dr. A. V. Maningo, has already written to BMC's management thanking it for more than 5,000 Cholera Vaccines donated to the hospital after the landslide. "I appreciate your concern and personal, prompt and voluntary response to our distress and needs", the release quoted Dr. Maningo as have said in his letter. [Text] [Monrovia DAILY OBSERVER in English 12 Nov 82 p 3]

CSO: 5400/75

BRIEFS

MEASLES OUTBREAK IN NKHOTAKOTA--Farmers in Nkhotakota District should bring their children to underfives clinic for medical attention, the District Party Chairman here, Mr D.T.A. Kampanje Banda urged the people. Addressing a public meeting at Jeja in Chief Kanyenda's area, Mr Kampanje Banda noted that measles disease which was attacking a number of children around the area could be minimised if children were medically checked regularly. Village sanitation, he said, was vital for the community. He then urged both Party and traditional leaders to work together in order to ensure that people in the villages live happier and healthier lives. The people around Katimbila reported to health officials that there was an outbreak of measles in the area, saying that a number of children had been affected by the disease. The people, therefore, requested health officials to introduce a mobile health clinic in order to minimise the disease in the area.--MANA [Text] [Blantyre DAILY TIMES in English 10 Nov 82 p 3]

CHOLERA CAUSES 28 DEATHS--A cholera outbreak has caused 28 deaths in Zambia's northern Luapula Province, bordering Zaire, the Zambia News Agency reported today. It quoted a medical team as saying a further 266 cases had been treated. Road blocks have been erected to prevent the outbreak spreading from Luapula where more than 50 people died in a cholera epidemic earlier this year.--Reuter [Text] [Blantyre DAILY TIMES in English 18 Nov 82 p 1]

POLIO CAMPAIGN ENDS--KASUNGU, Sunday--THE stop polio campaign lauched in Kasungu in August last year will be completed by the end of this year if all goes according to plan, an official at Kasungu District Hospital has said. Speaking to MANA in an interview, the official said that the third and last dose innoculation which is part of the campaign was already underway in the district. He added that the campaign has already covered the areas of Sub-Chief Kawamba and Chief Santhe and was now in the area of Chief Kapeluka. "The third part would have covered all the areas by now but the setback was that it was suspended for about four weeks due to transport problems," the official said adding: "But now if all goes well as planned the campaign should be completed by the end of this year or even earlier than that." The official also pointed out that the second dose innoculation part of the campaign somehow delayed because mothers were usually given short notice. But now the problem had been rectified and that was why the campaign's third part was running at a fast pace with encouraging results, he said. [Text] [Blantyre DAILY TIMES in English 8 Nov 82 p 5]

CSO: 5400/72

BRIEFS

CHOLERA CASES--Twelve cases of cholera have been confirmed in Sabah during the past week. This brings the total number of cases in the state to 357 with 12 deaths since the outbreak of the disease last April. The Sabah Medical Center director, Dr (Emisial Chan), says all the new cases are from the Tawan District. [Text] [Kuala Lumpur Domestic Service in English 1130 GMT 15 Nov 82 BK]

SARAWAK CHOLERA INFECTED AREAS--Eight of the 11 cholera infected districts in Sarawak have been declared free of the disease. The districts are: Sarikei and Jalau in the 6th division; Oya, Dalat, Sibu and Mukah in the 3d division; Lawas in the 5th division and Lundu in the 1st division. The areas still infected are: Binatang in the 6th division; Limbang in the 5th division and Simunjan in the 1st division. [Text] [Kaula Lumpur Domestic Service in English 1130 GMT 4 Nov 82 BK]

CSO: 5400/4338

BRIEFS

DIARRHEA-CAUSED DEATHS--More than 80,000 persons die each year in Mexico from diarrhea. Most are children and the elderly, whose deaths could have been prevented if hygienic and proper measures had been observed. Dr Maria Elena Anzures, chief of the Gastroenterology Department of the General Hospital of Mexico, of the SSA [Secretariat of Health and Assistance], reported that digestive system ailments are the second highest cause of the country's sick rate and mortality rate. The highest ranking cause pertains to infectious diseases of the respiratory system. [Excerpt] [Mexico City EXCELSIOR in Spanish 26 Oct 82 p 18-A] 8255

CSO: 5400/2022

BRIEFS

ANTIMALARIA CAMPAIGN--To decrease the incidence of infant deaths caused by malaria lately in the city of Beira, a spraying campaign was recently initiated. This campaign started in the 16th District where a crew of 200 preventive medicine workers is spraying houses and other sites. This campaign embraces all districts of the city. It is being supervised by preventive medicine technical personnel from the national headquarters and their counterparts from the local branch who are closely following the work's progress. Spraying is being done with a 75-percent solution of dissolved DDT powder. As sources in the area have revealed to our reporter, "the support of political organizations of the district and participation by the people have been sufficiently effective to make our campaign successful." Meanwhile our source revealed that similar campaign during the first 3 months of this year was successful in reducing the infant mortality rate as well as the anopheles mosquito population (they are the carriers of malaria). "It is hoped that the infant mortality rate this year will be lower than last year," he added. [Beira DIARIO DEMOCAMBIQUE in Portuguese 13 Oct 82 p 2] 9972

CSO: 5400/44

BRIEFS

MORE JAUNDICE CASES REPORTED--Even after the onset of winter fifty to seventy patients sufferring from jaundice daily come to outpatient ward of ayurvedic hospital at Naradevi in Kathmandu. According to the hospital, at present thirty jaundice patients are undergoing treatment there and the number is likely to increase after Tihar festival. The increased incidence of the disease even in winter is attributed mainly to adulterated food. The highest number of jaundice patients seeking treatment at the hospital are from Dhading and a few patients are from Dang, Chitwan and Janakpur. Mostly students and employees who reside at lodges and take meals at hotels and restaurants are found to have contracted the disease. The 50-bed hospital handled 2542 jaundice cases over the last four months, it is learnt. [Text] [Kathmandu THE MOTHERLAND in English 15 Nov 82 pp 1, 4]

CSO: 5400/4336

BAN ON IMPORT OF HARMFUL PESTICIDES URGED

Karachi DAWN in English 17 Nov 82 p 10

[Text] The Sind Health Secretary, Mr Saived Ahmed Siddiqui, yesterday called for banning the import of pesticides already banned in the West because of their harmful effects on human beings.

He was inaugurating the 3-day session of the course in "Multi Level National Training on the Safe Use of Pesticides" at the JPMC. The three-day course sponsored by the Directorate of Malaria Control and Ministry of Health and Social Welfare in cooperation with the WHO, is being participated by over 50 delegates from various government departments and agencies dealing in pesticides in Sind province.

Mr Siddiqui said the subject was of vital importance and must be included in the curricula of veterinary, agriculture and medical colleges.

It was ironic that chemicals used to increase food production and provide protection to human beings against insects should cause harmful effects on human beings. "Ignorance and negligence are the main factors for this state of affairs," he observed.

The Provincial Health Secretary advocated the need for keeping a vigil and timely information on safety measures and emergency medical treatment in such cases.

He said since large scale use of pesticides in agriculture is increasing at a fast pace, it is essential that a detailed knowledge of the toxicity and its prevention and cure be a part of the major training.

Earlier, Dr S.M. Mujtaba, Director, Malaria Control, explaining the objectives of the training programme and workshop hoped that it will be a continuing exercise.

Dr J. F. Copplestone, a WHO Toxicologist, also spoke and demonstrated with slides the harmful effects of pesticides.

CSO: 5400/4335

COMPREHENSIVE HEALTH PLAN LAUNCHED

Lahore THE PAKISTAN TIMES in English 22 Nov 82 p 5

[Text]

Prof Dr. Basharat Jazbi, President's Adviser on Health and Social Welfare, assured the doctors in Lahore on Sunday that the new career structure to be announced for them would come upto their expectations.

He was speaking as chief guest at the concluding session of the Fifteenth Biennial All Pakistan Medical Conference.

The Adviser said that the present Government was making concrete efforts to solve the genuine problems of the medical profession and the President General Mohammad Zia-ul-Haq was taking keen interest in the matter.

Dr. Jazbi said that although Pakistan was a developing country with limited resources yet it had made significant progress in the medical profession. Immediately after the creation of Pakistan, he said, the total number of qualified doctors in the country was only 1,340 while the number of nurses was only 88. The number of hospital beds available at that time was negligible.

However, he said, at present, we have 24,000 qualified doctors and 9,000 nurses while the number of hospital beds had risen to about 47,000.

This, he said, was by no means a meagre achievement. But still the country is short of the medical personnel and constant efforts are being made to overcome this shortage.

The President's Adviser said that a comprehensive health scheme had been launched by the Government recently to provide a better medical cover to the masses and to create more job opportunities for the doctors.

Earlier, two prominent doctors from India, participating in the conference, paid tributes to President General Zia-ul-Haq for his efforts to promote Islamic 'Tib' and also for the steps against quackery The Indian doctors also appreciated the development of the medical profession in this country.—APP.

CSO: 5400/4339

HEALTH EDUCATION INSTITUTE FOR SIND PLANNED

Karachi DAWN in English 22 Nov 82 p 5

[Text] HYDERABAD, Nov 21: Sind Government has decided to set up a Health Institute in the province to impart health education to the people about various diseases, their prevention and treatment.

This was disclosed by Sind Health Minister, Syed Ahad Yusuf, while speaking at the "Scientific Seminar" held on "Tuberculosis and Leprosy" organised jointly by the Tharparkar District Council T.B. Association and Leprosy Control Centre at Bhitai Hall Mirpurkhas, recently.

The Minister said that Sind Government attached great importance to medi-care facilities particularly in the rural areas and called upon the well-to-do persons to join hands with the Government and share its efforts in serving the suffering humanity by expanding medical facilities. He advised the doctors to realise their responsibilities and serve the patients with all possible devotion and dedication.

Earlier, Dr. R. Pfau, Adviser to the Government of Pakistan in Azad Kashmir on Leprosy, threw light on the disease and explained its causes and treatment with the help of cinema slides. She was also shown three Leprosy patients who had been cured by timely treatment of Mirpurkhas Leprosy Control Centre. She said that leprosy was a curable disease and not a curse of God as believed by some people.

Dr. Muhammad Rafique, President Sind T.B. Association, also spoke on the occasion and referred to the incidence of T.B. particularly in Sind and its control by various methods. Dr. H.M.A. Drago, President Tharparkar District Leprosy Control Society, and Mr. Zia-ul-Islam Deputy Commissioner, Tharparkar, also spoke on the occasion.

Federal Councillor Seth Herchand Rai presented 'Ajrak' to the chief guest. Fateha Khawani was also held for an active T.B. Association member Dr Hizbullah Ahmedani who expired two months back.

Brisk preparations are afoot for the celebration of the three-day annual Urs of Hazrat Shah Abdul Latif Bhitai at Bhitshah commencing from 14th Safar 1403. A meeting held here the other day under the chairmanship of Deputy Commissioner Syed Roshan Zameer decided that there will be only one "Latif' Award" which will be awarded to an artiste after considering his overall performance throughout the year 1982 by a 5-member Special Committee appointed for this purpose.

An agricultural-cum-industrial exhibition will also be held to apprise the general public with the latest development in the field of agriculture and industry.

Various nation building and semi-government departments and autonomous bodies will set up their stalls at the exhibition.

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The DMLA, Hyderabad, during his recent visit of Hyderabad city expressed his dissatisfaction over the hygienic and sanitary conditions of this historical city. The DMLA visited Latifabad Unit 11 and Market area and directed HMC staff to organise themselves to provide best possible services to the people. The DMLA directed that "immediate steps should be taken by HMC and DC Hyderabad to shift the cattle colony from the city to a suitable location outside, fly proofing of all the meat markets should be carried out on priority basis and cement dustbins should be constructed at suitable places on all major roads." He also directed that "arrangements should be made to place small dustbins in front of the shops and on the main poles along major roads and permanent sanitation staff should be placed in market area to remove garbage three-four times a day to avoid unhygienic conditions." He further emphasized that "HMC should ensure that the cleanliness of the main shopping centre should be done during the early hours of the morning and the garbage from the dustbins be removed latest by 1 p.m. daily."

CSO: 5400/4335

PRACTICING PERMITS FOR UNREGISTERED DOCTORS DEMANDED

Islamabad THE MUSLIM in English 22 Nov 82 p 8

[Text] LAHORE, Nov. 21: The Pakistan Medical Practitioners Association has called upon the government not to enforce the "Medical and Dental Ordinance, 1982" till permits were issued to more than 40,000 un-registered Doctors who were engaged in clinical practice for the last 30 years.

Addressing a Press Conference here today, Dr. Hee Jehangir Pervez, President of the Association, said non-issuance of permits would create two major problems—40,000 unregistered doctors would be rendered jobless which would pose economic crisis for about 4 lakh persons and secondly 50 million people who depend on these Doctors would be deprived of medical facilities. Dr. Jehangir refuted the claim of the Federal Health Ministry that shortage of Doctors in the country had been overcome. He said the actual position was that the country still needed 85,000 more Doctors to meet the health need of people.

The Association, the PMA chief said he had submitted the list of its members with the provincial Health Department and under allopathic rules the Health Minister should have issued them permit for continuing clinical practice but regretted that this was not done. Instead, he said, efforts were being made by PMA to declare the practice of unregistered medical practitioners "illegal".

He demanded that immediate orders be issued for registration of unregistered practitioners having required qualifications and the Association be given representation in the screening boards set up by the government. He said that China, America and India had allowed such practitioners to continue their clinical practice and even in Pakistan they were doing practice for the last 30 years but now they were being asked not to use the name "doctor".

He said at present more than 40,000 unregistered Doctors are doing practice and those who have long experience and have studied medical subjects such as anotomy, physiology, pharmacology, medicine and minor surgery should not be called as "quacks". However, he said, the practice of such practitioners, who have just entered the field and have no practical experiance, be declared "illegal".

Dr. Pervez suggested that comprehensive but short refresher courses be organised for unregistered Doctors at tehsil and district levels without putting any burden on the national exchequer.

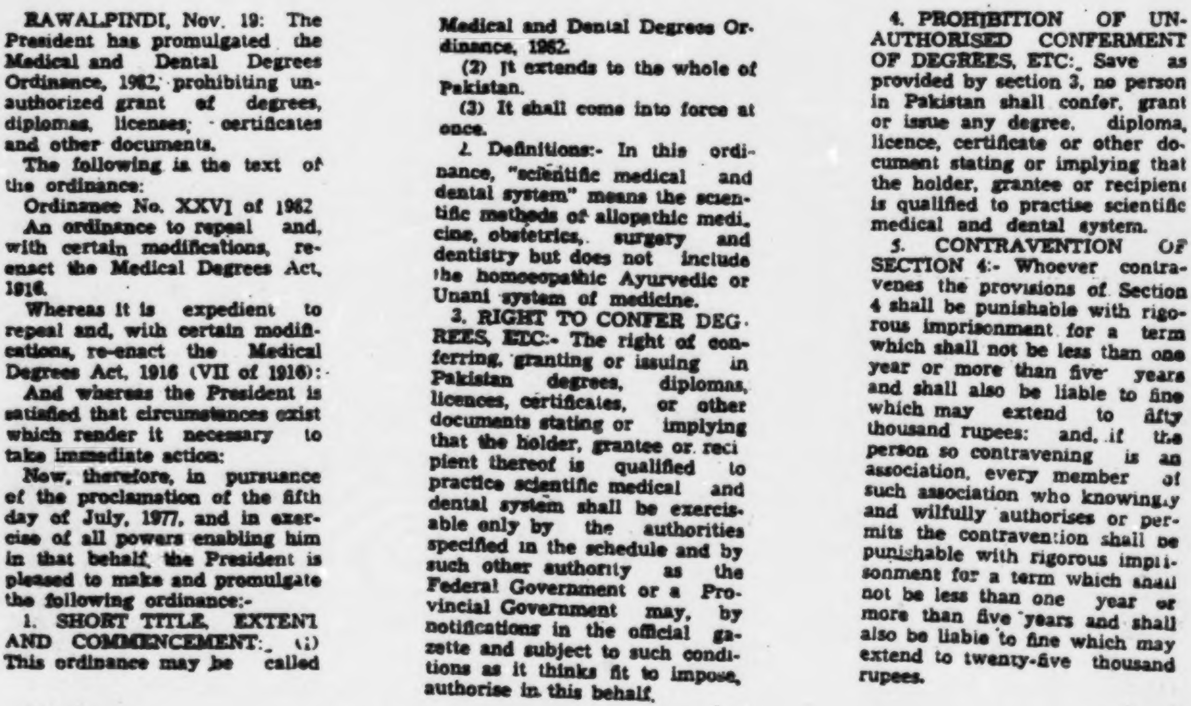
He appealed the President to give an audience to a delegation of the Association to apprise him of the factual position.

CSO: 5400/4335

MEDICAL AND DENTAL DEGREES ORDINANCE PROMULGATED

Karachi MORNING NEWS in English 20 Nov 82 p 8

[Text]



RAWALPINDI, Nov. 19: The President has promulgated the Medical and Dental Degrees Ordinance, 1982, prohibiting unauthorized grant of degrees, diplomas, licenses, certificates and other documents.

The following is the text of the ordinance:

Ordinance No. XXVI of 1982

An ordinance to repeal and, with certain modifications, re-enact the Medical Degrees Act, 1916.

Whereas it is expedient to repeal and, with certain modifications, re-enact the Medical Degrees Act, 1916 (VII of 1916):

And whereas the President is satisfied that circumstances exist which render it necessary to take immediate action:

Now, therefore, in pursuance of the proclamation of the fifth day of July, 1977, and in exercise of all powers enabling him in that behalf, the President is pleased to make and promulgate the following ordinance:-

1. SHORT TITLE, EXTENT AND COMMENCEMENT:_ (1) This ordinance may be called Medical and Dental Degrees Ordinance, 1982.

(2) It extends to the whole of Pakistan.

(3) It shall come into force at once.

2. Definitions:- In this ordinance, "scientific medical and dental system" means the scientific methods of allopathic medicine, obstetrics, surgery and dentistry but does not include the homoeopathic Ayurvedic or Unani system of medicine.

3. RIGHT TO CONFER DEGREES, ETC:- The right of conferring, granting or issuing in Pakistan degrees, diplomas, licences, certificates, or other documents stating or implying that the holder, grantee or recipient thereof is qualified to practice scientific medical and dental system shall be exercisable only by the authorities specified in the schedule and by such other authority as the Federal Government or a Provincial Government may, by notifications in the official gazette and subject to such conditions as it thinks fit to impose, authorise in this behalf.

4. PROHIBITION OF UNAUTHORISED CONFERMENT OF DEGREES, ETC:_ Save as provided by section 3, no person in Pakistan shall confer, grant or issue any degree, diploma, licence, certificate or other document stating or implying that the holder, grantee or recipient is qualified to practise scientific medical and dental system.

5. CONTRAVENTION OF SECTION 4:- Whoever contravenes the provisions of Section 4 shall be punishable with rigorous imprisonment for a term which shall not be less than one year or more than five years and shall also be liable to fine which may extend to fifty thousand rupees: and, if the person so contravening is an association, every member of such association who knowingly and wilfully authorises or permits the contravention shall be punishable with rigorous imprisonment for a term which shall not be less than one year or more than five years and shall also be liable to fine which may extend to twenty-five thousand rupees.

6. PENALTY FOR FALSELY ASSUMING OR USING MEDICAL AND DENTAL TITLES: Whoever voluntarily and falsely assumes or uses any title or description or any addition to his name implying that he holds a degree, diploma, licence or certificate conferred, granted or issued by any authority referred to in Section 3 or recognised by the Medical and Dental Council of Pakistan or uses any words to give a false impression that he was qualified to practise scientific medical and dental system shall be punishable with rigorous imprisonment for a term which shall not be less than one year or more than five

years and shall also be liable to fine which may extent to fifty thousand rupees:

Provided that nothing in this section shall apply to the use by any person of any title, description or addition which he uses by virtue of any degree, diploma, licece or certificate conferred upon him or granted or issued to him in any subject other than medicine.

7. COGNIZANCE OF OFFENCES: No court shall take cognizance of an offence punishable under this ordinance except upon a complain made by the Secretary of the Medical and Dental Council or any person authorised by the secretary and notified in the official gazette.

8. JURISDICTION OF MAGISTRATE: No court interior to that of a magistrate of the first class shall try an offence punishable under this ordinance.

9. OFFENCES TO BE FAILABLE: Notwithstanding anything contained in the Code of Criminal Procedure, 1898 (Act V of 1898), all offences punishable under this ordinance shall be bailable.

10. Repeal-The Medical Degrees Act, 1916 (VII of 1916), is hereby repealed.

Schedule (see section 3)

1. Every University in Pakistan established by act of the federal or provincial legislature.

11. College of Physicians and Surgeons of Pakistan.--APP

CSO: 5400/4339

BRIEFS

PRIVATE HEALTH CENTERS--GUJRANWALA, Nov 19--Dr. Nasiruddin Jogezai, Federal Health Minister, has said the Government will give loans to those who will set up health centres in rural areas. He said this during his visit to the Gujranwala District Hospital and Jinnah Memorial Hospital to assess the medical facilities being available to the people of the area. Gujranwala is a thickly-populated city having 8.5 lakh inhabitants. The medical facilities available do not meet the needs of the local population. [Karachi DAWN in English 20 Nov 82 p 5]

MEDICAL ACADEMY PLANNED--MULTAN, Nov. 22--A medical academy would be set up in Islamabad in the next year, the Federal Health Minister, Dr. Nasiruddin Jogezai said here today. Talking to newsmen at the airport on arrival on a three-day visit to Multan and Muzaf-fargarh Districts, the Minister said that the details of the academy were being worked out. To be called Pakistan Medical Academy, it would work on the pattern of the Civil Service Academy to train fresh medical graduates and arrange three-month long refresher course for the in-service doctors. The doctors, he said, would be trained in handling of the accounts and the administrative matters in service. Replying to a question, he said the provisions of the law banning quackery would equally apply to homeopaths and Unani Tabibs. Only those holding degrees recognised by their respective boards would be allowed practice, he added. [Lahore THE PAKISTAN TIMES in English 23 Nov 82 p 10]

CSO: 5400/4335

ARTICLE NOTES RESULTS IN CONTROLLING ENDEMIC DISEASES

Beijing JIANKANG BAO in Chinese 7 Oct 82 p 2

[Article by Zhao Tieli [6392 6993 0500] and Liu Yongqing [0941 3057 1987]]

[Text] Since the Third Plenary Session of the 11th Party Congress, there has been an obvious achievement in the work of controlling endemic diseases in China. The leadership of the work has been further strengthened everywhere and the various control measures have continued to be carried out to cure a large number of victims. These accomplishments form a powerful impetus for the construction of two civilizations in the regions with endemic diseases.

Since the Third Plenary Session Congress, the party committees and governments of various ranks in the affected regions reinforced their guidance in the work of controlling endemic diseases and the administrative agencies. In 17 provinces, cities, and autonomous regions, 46 leaders of the party have visited patients of the affected regions 68 times to seek to understand the work of controlling endemic diseases, to help resolve problems of the grass-roots level, and to develop the control work still further. In these 3 years, there has been obvious progress in the work of controlling endemic goiter. The number of counties where iodization of table salt has been extended has increased from 513 of 1978 to 687, amounting to 80 percent of counties affected by endemic goiter and the number of people using iodized salt has increased from 110 million to 169 million, amounting to 95 percent of the population of the regions affected by endemic goiter. Those who are cured of the disease have numbered 12 million. Originally, the three provinces of Shaanxi, Heilongjiang, and Tianjin had many victims of this disease. After several years of struggle, this disease has been basically controlled in these areas.

Through large-scale surveys to clarify the regions of prevalence of endemic fluorine poisoning, various measures have been adopted by these regions to develop the work of improving the water to prevent the disease. According to statistics of 12 provinces, cities, and autonomous regions, the water of more than 10,000 places has been changed to enable more than 190 million persons to drink water of a proper sanitary standard so that there are no more new victims of this disease.

Due to strict implementation of comprehensive prevention and control measures, the incidence and the mortality rate of Keshan disease have dropped steadily in the past decade. Now there are 65 affected counties where the state's basic control standard has been reached. With respect to Kaschin-Beck's disease [Iron rickets], a comprehensive prevention and control measure, concentrating mainly on animal immunization, has been basically formulated. Large-scale epidemics of Brucellosis have been prevented and 67 percent of the affected regions have reached the basic standard of control.

At present, the appearance of regions of China affected by endemic diseases is in the process of changing. In those places where the damage from these diseases is being removed, the masses have become stronger physically, their productivity is rising continuously, and their livelihood is steadily being improved. They deeply appreciate the concern of the party and the government for their health.

6248
CSO: 5400/4110

BRIEFS

QUEZON PROVINCE MEASLES OUTBREAK--Lucena City--At least 17 children were confirmed to have died in an outbreak of measles in Calutcot, an island barangay in Burdeos town off the coast of Quezon province. But provincial health officer, Dr. Hilarion Tan, said the disease is now under control. The disease, characterized by small red spots on the skin and high fever, strikes most frequently in childhood. Dr. Tan said the outbreak occurred from September to the first week of November on Calutcot island. The victims ranged in age from five months to five years. Dr. Tan said a medical team composed of three doctors has been sent to the island. Barangay Calutcot, with a population of some 500, is about 15 hours by land and sea travel from this city. Calutcot barangay captain Alfredo Seminiano identified the dead as Roberto Caballero, five months old; Gonzalo Caballero Jr., 5; Charie de los Santos, one year; Aldrin Dalay, 4; Emmanuel Baria, 4, Banjo Velasco, 3, C. de los Santos, 2; Benely Cielo, one year; Renalyn Rios, 2; Pacifico Reazon Jr, 7 months, Valentin twins; Lendof Cielo, 5; Ritchel Lara, one year; Maricel Aquino, 2, Dyna de Luna, 2; and Percival de Luna, 3. [Text] [Manila PHILIPPINES DAILY EXPRESS in English 16 Nov 82 pp 1, 2]

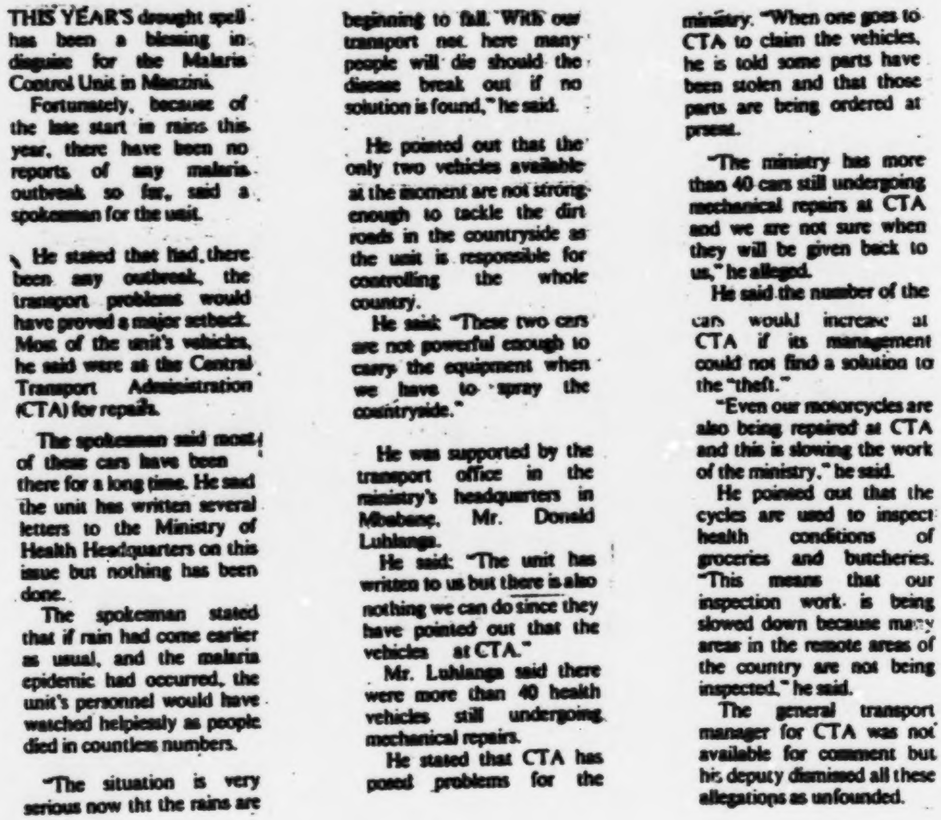
CSO: 5400/4332

MALARIA CONTROL UNIT EXPERIENCES DIFFICULTIES

Mbabane THE TIMES OF SWAZILAND in English 11 Nov 82 p 3

[Article by Donny Naumalo]

[Text]



THIS YEAR'S drought spell has been a blessing in disguise for the Malaria Control Unit in Manzini.

Fortunately, because of the late start in rains this year, there have been no reports of any malaria outbreak so far, said a spokesman for the unit.

He stated that had there been any outbreak, the transport problems would have proved a major setback. Most of the unit's vehicles, he said were at the Central Transport Administration (CTA) for repairs.

The spokesman said most of these cars have been there for a long time. He said the unit has written several letters to the Ministry of Health Headquarters on this issue but nothing has been done.

The spokesman stated that if rain had come earlier as usual, and the malaria epidemic had occurred, the unit's personnel would have watched helplessly as people died in countless numbers.

"The situation is very serious now tht the rains are beginning to fall. With our transport not here many people will die should the disease break out if no solution is found," he said.

He pointed out that the only two vehicles available at the moment are not strong enough to tackle the dirt roads in the countryside as the unit is responsible for controlling the whole country.

He said: "These two cars are not powerful enough to carry the equipment when we have to spray the countryside."

He was supported by the transport office in the ministry's headquarters in Mbabane, Mr. Donald Luhlanga.

He said: "The unit has written to us but there is also nothing we can do since they have pointed out that the vehicles at CTA."

Mr. Luhlanga said there were more than 40 health vehicles still undergoing mechanical repairs.

He stated that CTA has posed problems for the ministry. "When one goes to CTA to claim the vehicles, he is told some parts have been stolen and that those parts are being ordered at present.

"The ministry has more than 40 cars still undergoing mechanical repairs at CTA and we are not sure when they will be given back to us," he alleged.

He said the number of the cars would increase at CTA if its management could not find a solution to the "theft."

"Even our motorcycles are also being repaired at CTA and this is slowing the work of the ministry," he said.

He pointed out that the cycles are used to inspect health conditions of groceries and butcheries. "This means that our inspection work is being slowed down because many areas in the remote areas of the country are not being inspected," he said.

The general transport manager for CTA was not available for comment but his deputy dismissed all these allegations as unfounded.

CSO: 5400/78

BRIEFS

CHOLERA INCIDENCE, DEATHS--Five persons have died as a result of cholera which broke out in the villages of Kiwira and Isaka in Rungwe District. Three of these persons died in the hospital in Igogwe and two died in the hospital in Tukuyu. Up until the day before yesterday two patients continued to receive treatment in the hospital in Igogwe and in the village of Kiwira. The physicians of this hospital said that the condition of these patients continues to be good. Since this disease broke out in Rungwe District 2 weeks ago, a total of 32 persons were treated in the villages of Isaka, Kiwira and in the hospital in Igogwe. Fourteen persons have died and another 46 have been treated as a result of the recrudescence of cholera in some villages on the shores of Lake Tanganyika in Rukwa Region, it was made known in the city of Sumbawanga yesterday. The regional health officer, John Maro, stated that these deaths occurred in the 1 week period 22-29 October. At this time, the headquarters of the national bus company [KAMATA] has been placed under quarantine in the city of Dar es Salaam after the death of one passenger who was travelling on a bus of this company from Mbeya yesterday in view of the fact that he died from cholera. Immediately after arriving in the city of Dar es Salaam, all passengers who were on this bus which had the licence number SU 16831, were prevented from leaving the KAMATA area until they were given medicine to prevent the spread of this dangerous disease. [Text] [Dar es Salaam UHURU in Swahili 4 Nov 82 p 4]

CSO: 5400/82

BRIEFS

FOOT-AND-MOUTH DISEASE--In the first 6 months of this year the veterinarian cadres of Nong Bok District, Khammouan Province, organized a move to inject hoof and mouth medicine for cattle throughout different production bases. During that period they were able to give injections to a total of 11,564 head of cattle. This achievement has gradually decreased the diseases which once propagated among the animals. helped the animals to speedily increase in number, and ensured steadily sufficient draft labor for the needs. [Text] [Vientiane SIANG PASASON in Lao 25 Aug 82 p 1] 9884

KHAMMOUAN DISEASE OUTBREAK--From January to September the Khammouan Province animal and veterinarian section has sent a number of specialized task cadres to cooperate with veterinarian units of Nong Bok, Thakhek, Hin Boun, Mahasai, and Gnommalat to give injections for disease prevention, and treated the people's domestic animals with epidemic diseases such as foot and mouth disease, and pasteurellosis. There were over 2300 cattle involved including over 30 cattle that were successfully treated. Meanwhile, these cadres also attentively mobilized the people to take care of and to feed each kind of animal correctly according to scientific and natural science principles, to ensure sufficient draft labor to serve in production, and to respond to and normalize the meat [supply] in the markets in order to gradually improve the standard of living of cadres and working people. [Text] [Vientiane SIANG PASASON in Lao 17 Sep 82 pp 1, 2] 9884

CATTLE DEATHS FROM EPIDEMICS--Since the rainy season this year the veterinarian department along with the veterinarian service in the capital and in many different cities within the municipal area have organized to give injections for animal disease prevention and treatment, especially for large animals such as cattle. The municipal areas involved are Chanthaboury, Sisattanak, Sikottabong, Saisettha, Nosaithong, Saithani, and Hatsaifong Districts. By 27 August the animal injections were successfully completed. Over 25,000 cattle were injected. This amount is a quarter more than the number of animals in this area. As we all know, in the early rainy season this year the Vientiane people's domestic animals as well as domestic animals nationwide have contracted foot and mouth disease, pasteurellosis, and anthrax, causing some losses and making [others] weak and thin. The administrative authorities and the veterinarian department hurriedly sent the veterinarian cadres into the base areas to save the people's animals. This was a great achievement that participated in the expansion of animal husbandry in the five year plan set by the party and the government. [Text] [Vientiane SIANG PASASON in Lao 31 Aug 82 p 1] 9884

CSO: 5400/4305

BRIEFS

CHICKEN VACCINATIONS--A four-day free vaccination against an outbreak of Newcastle disease which is threatening poultry at Bwemba and Dudu farms surrounding areas will be launched in the city here this Wednesday. The vaccination campaign, which starts from Chinsapo 1 and Chinsapo 11 on November 17, will end on November 22 at Falls Estate and Staff quarters in the city. The campaign will move on to Kaondo, Chilusi, Kuchipangano, Chokhoma and Upper Falls on November 19 and Falls Estate Staff Quarters on November 22, a circular letter from the district veterinary office here said yesterday. Bwemba and Dudu, according to the Department of Animal Health and Husbandry are Lilongwe City's major poultry farms. The district veterinary officer is, therefore, appealing to all poultry farmers in these areas to bring their chickens for vaccination.--Mana [Text] [Blantyre DAILY TIMES in English 18 Nov 82 p 5]

CSO: 5400/76

STATISTICS PROVIDED ON CATTLE DISEASES

Kaduna NEW NIGERIAN in English 15 Nov 82 p 9

[Article by Murtala Opoola]

[Text] **FEDERAL** Government is always ready to combat outbreaks of cattle diseases in the country, the Chief Veterinary Officer, Dr. S. B. Oluokun of the Federal Livestock Department in Kaduna has said.

He told the New Nigerian that the government recognised the implications of disease control in our growing livestock industry and indeed had approved proposals for rinderpest control.

The federal government, he said, has appointed a National Co-ordinating Committee on Rinderpest programme in the country.

In a paper he prepared titled: "Joint Education Programme on Rinderpest in Nigeria," Dr. Oluokun advised that rather than lay emphasis on mass vaccination, efforts should be directed to efficient disease reporting, and movement control.

He said the Director, Federal Livestock Department had held meetings with all the Chief Veterinary officers in the states affected by the out-break, adding that the government had approved emergency actions to combat the problems, while permanent solutions were being sought.

The objective of the disease control programme, Dr. Oluokun reiterated was to raise the immunity of the national herd.

He revealed that the Federal Livestock Department had recorded 20 outbreaks of rinderpest this year; 12 in Sokoto, six in Kaduna and two in Bauchi.

He said there were 846 cases in Sokoto 957 in Kaduna and 1,536 in Bauchi, adding that 37 died in Sokoto, 92 in Kaduna and 115 in Bauchi.

He however revealed that there are problems militating against attempt at combating the diseases.

The problems, he said are inefficiency of disease reporting, lack of field supervision, inadequate supply of vaccines and inadequate funding by the federal and state governments.

Recently, the New Nigerian reported outbreaks of a cattle disease at Nok in the former Jema'a Federation in Kaduna State.

The outbreak involved about 50 heads of cattle.

CSO: 5400/73

EL SALVADOR

AGRICULTURE MINISTER MUYSHONDT ON COFFEE RUST

San Salvador EL MUNDO in Spanish 9 Oct 82 p 3

/Text/ Miguel Muyshondt Yudice, minister of agriculture and livestock, said that the entire country is affected by coffee rust, when he announced yesterday in conference that from 1 January 1983 the Control and Combat Program for this disease will be reoriented once the restructuring of MAG /Ministry of Agriculture and Livestock/ is finalized.

Pointing out that the rust problem is enormous and that the responsibility for its control and combat is not only for the state, the minister was of the opinion that the coffee growers also are obligated to collaborate taking adequate care of their farms. On being asked what zones are most affected by rust, he replied that it is very difficult to say because the ministry, working by means of a regionalist system, which although it certainly establishes boundaries, does not offer as concrete results as if the work had been planned on a national level, in composite form which permits the establishment of exact statistics.

He spoke of the results of the Fifth Symposium on Latin American coffee culture which will take place here from the 20th to the 22nd of this month, will be under the auspices of the ministers of agriculture and livestock together with CIRSA /International Regional Committee on Agriculture and Livestock Sanitation/ which will meet in this capital in the middle of December this year to coordinate a regional plan for combating coffee diseases and epidemics. CIRSA is an organization closely linked to OIRSA /International Regional Organization of Agriculture and Livestock sanitation/.

He reiterated that it is very difficult to say that there is complete control of coffee rust, but, he emphasized, with cultural practices and an adequate and timely application of copper oxychloride, the control and combat program is complied with.

He added that during the symposium a complete report on Salvadoran work in the field of coffee pathology will be presented.

Dr Raul Soikes, expert from IICA /Interamerican Institute of Agriculture and Livestock Cooperation/, which coordinates the event, explained that the Fifth Symposium on Latin American Coffee Culture will bring together people engaged in technical and scientific coffee research, such as Dr J.A. Bettencourt, of Portugal; Dr Carlos E. Fernandez, from IICA; Dr Alvaro Jimenez Castro, of Costa Rica; Ing Hector Ochoa Millan from Guatemala, and others.

The symposium, according to the organizing committees, will end the 22nd of this month celebrating "Coffee Culture Day" for which MAG has prepared a very special program which will announce coffee-growing projections for 1983.

9678
CSO: 3248/180

BRIEFS

COTTON PLAGUE--This year's prolonged drought is contributing to the spreading of a pest that is damaging cotton plantations in El Salvador, according to a MAG [Agriculture and Livestock Ministry report. In this connection, it points out that the cotton pest, under study during the past 6 weeks, called the Acara Agalla Verruga, gestates chiefly as a result of the long drought and then damages cotton plantations. The pest is a mite of the Eriophydae family. The report says that "we previously reported that various samples were sent to the United States to determine later effects." The MAG says that it is aware of the case and that it considers it to be of very great interest. It has determined the conditions that have favored the explosion of this pest in the areas where cotton is cultivated in our country. One of the conditions cited by the MAG is the increase in the initial population, owing to nonincorporation of stubble and "trimmed branches" by cotton growers to convert the crop into a permanent one. Another condition that was pointed out is the lack of natural enemies of this pest: in this case, the small Tetratichus SP wasp, and the Trips Scolothrips Sexmalatus, as well as the Coccinellidos Scymnus SP and Delphatus SB insects that exist in El Salvador, but are eliminated through improper use of pesticides. The other factor, previously mentioned, is the prolonged drought of 1982. MAG personnel have recommended that Salvadoran cotton growers trim branches and incorporate stubble at the end of the season. [Text] [San Salvador LA PRENSA GRAFICA in Spanish 31 Oct 82 pp 3, 7] 8255

CSO: 5400/2026

LEAF RUST HITS NEGROS SUGAR FARMS

Manila BULLETIN TODAY in English 23 Nov 82 pp 1, 8

[Text] BACOLOD CITY (PNA)--The word is out. The deadly leaf rust which wiped out several years back the sugarcane plantations of Cuba has been spreading rapidly in the Hawaiian-Philippines Company (HPCO) milling district in Silay city.

Leaf rust has already heavily affected some 450 hectares and slightly affected about 800 other hectares in the milling district.

The spread of leaf rust or Melano Sebala was confirmed Sunday by William Henry Streegan, community relations officer of the Jardine-Davies HPCO.

He said a plant pathologist from the La Granja research station of the Philippine Sugar Commission had inspected the area and positively identified the rust-colored sugarcane as suffering from the deadly virus-transmitted disease.

Streegan said several affected planters in the Heco area have issued an appeal to the Philsucom planters and millers relations office for assistance in curbing leaf rust which usually depletes as much as 10 to 20 per cent of sugar production of infected sugarcane.

Leaf rust has also been spotted in some plantations in the San Carlos city sugar central milling district.

The leaf rust has affected only the Philippine 56226 variety of sugarcane, Streegan disclosed.

Philsucom Visayas-Mindanao regional manager Eduardo Gamboa said he will confer today with Fernando Cuenca, executive officer of research and development of the region supervising the La Granja Research Center, on the menace that could threaten the sugarcane plantations of the entire province of Negros Occidental.

CSO: 5400/4337

WOOLY APHIDS INVADE SOUTHERN CEBU

Cebu City VISAYAN HERALD in English 11 Nov 82 pp 1, 13

[Text] Director Celso J. Palma Gil of the agriculture ministry here announced today the resurgence of one of the injurious plant pests known as wooly aphids which is now infesting the economic crops of the province. The infestation is now appraised at epidemic proportion.

Most affected are the southern municipalities of Cebu. The northern part is not yet affected but chances are it will also suffer the same fate as its southern counterpart if the pests is left unchecked. [as published] Farmers are advised to get in touch with MA technician in their area for the control of the dreaded pests.

Wooly Aphids are plant lice that are covered with dense coat of white filaments somewhat resembling fine wool or cotton. Adults are fast flyers and can easily spread from place to place. Its seemingly unsatiable sucking activity weakens the plant making it more susceptible to other pest as well as to diseases. In addition, the production of honeydew provides favorable substrate for sooty molds which often inferfere with photosynthesis and transpiration. Heavily affected plants eventually die.

According to Ministry of Agriculture Provincial Plant Pest Surveillance officer, Federico Baylon, Jr. wooly aphids will infest such crops as corn, vegetables, sugar cane and fruit trees, especially those with leaves having rough surfaces.

Baylon said that the pest can be effectively controlled by spraying with such insecticides as Tamaron, Pennant, and Hosthation.

CSO: 5400/4332

END

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Worldwide Report

EPIDEMIOLOGY

No. 306

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22 December 1982

WORLDWIDE REPORT

EPIDEMIOLOGY

No. 306

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MALARIA STILL NUMBER ONE KILLER IN AFRICA

Blantyre DAILY TIMES in English 10 Nov 82 p 4

[Article by Paul Amina]

[Text]

DESPITE astounding developments in medical science, malaria still remains the most dangerous and number one killer disease in sub-Saharan Africa and other countries in the tropics. About 50 per cent of African children below the age of three are infected by the disease, and it is estimated that about 1,000,000 children die of the disease in Africa every year.

And a recent meeting of experts on environment management control in Nairobi was told that cases of malaria and other vector-borne diseases had increased tremendously in tropical Africa in the Seventies.

A Kenyan delegate told the meeting that irrigation schemes had bred so much malaria and bilharzia in the country that the authorities were getting concerned. It was estimated that out of Kenya's population of 17 million, 3,000,000 were infected by flukes and 7,000,000 others endangered.

Data analysed by experts from the World Health Organisation (WHO), the Food and Agriculture Organisation (FAO) and the United Nations Environment Programme (UNEP) indicate that most of the water-borne tropical diseases could easily be avoided.

The experts said irrigation and water development projects in the developing countries could lead to health hazards. In many cases, the projects caused outbreaks of diseases like malaria, cholera, bilharzia and diarrhoea.

The experts recommended the removal of water from the project surface by filling, draining and levelling the land. The seven-day meeting called on countries undertaking water and irrigation projects to consider and apply corrective, preventive and health measures before the projects are embarked on.

The participants emphasised that the increasing cases of vector-borne diseases in many parts of Africa was as a result of lopsided planning and execution of development projects.

— APS Features

CSO: 5400/84

BRIEFS

WHOOPING COUGH THREAT--The admission of seven babies to hospital with whooping cough has brought a strong warning to parents to maintain immunisation. The Commissioner of Public Health, Dr J. McNulty, said yesterday that the increasing numbers of whooping-cough cases were a matter of concern and could be the forerunners of a major outbreak. Seven babies had been admitted to Princess Margaret Hospital since the beginning of September, but there were normally no more than one or two cases a month. For babies to receive the full benefit of immunisation from the serious and prolonged disease, they needed injections at two, four and six months of age. Dr McNulty said that there were no comprehensive figures for immunisation in WA, but there were indications that some children who began the course did not complete it. This left them unprotected if they caught the disease. A survey at PMH showed that up to 40 per cent of a group of children had not completed immunisation schedules. [Text] [Perth THE WEST AUSTRALIAN in English 20 Oct 82 p 24]

CSO: 5400/7515

BANGLADESH

EXPERTS SAYS INCIDENCE OF CHOLERA NOT UNUSUAL

Dhaka THE NEW NATION in English 6 Nov 82 p 3

[Text] The incidence of cholera and other forms of diarrhoeal disease that are being reported these days are "nothing unusual" in Bangladesh in this particular period of the year.

The experts at the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) maintained that this is a seasonal affair and we need not be scared off, reports BSS.

The Centre which is engaged in research leading to better and inexpensive treatment of cholera and other forms of diarrhoeal diseases for the people of all developing countries including Bangladesh view the current year's incidence of the diseases as a "wave" which repeats after a few years.

Briefing the newsmen at his office Dr' M.R. Bashir, Assistant Director, ICDDR, said the Centre has already sent seven medical teams to various places of the country to assist government 'action in the prevention of the diseases'. He said the teams have three-pronged objectives-prevent death, control outbreak of cholera and investigate the outbreak of the disease.

Giving a brief history of the organizational set-up and working of the Centre wich was formerly known as Cholera Research Laboratory Dr Bashir said since the funding of CRL in 1961 the development of Oral Rehydration Solution (ORS) was its greatest success. ORS, Dr. Boshir said is also known as "Dhaka solution", was recommended as a very simple and inexpensive medicament for cholera and diarrhoeal diseases for other countries. ORS is a mixture of glucose and salt which safety and inexpensively replace fluids and electrolytes lost in all forms of diarrhoea. Oral therapy has recently been adopted for home use, for its ingredients are easily available in most rural areas of developing countries, Dr. Boshir added:

While rejecting the suggestion that the incidence of cholera was very widespread, Dr. Boshir said only five percent to the 80,000 patients that received treatment at the Centre last year were cholera cases. He said most of the patiets being admitted at ICDDR, hospital are victims of diarrhoea blood dysentery and other stomach disorders.

The Centre is a Pathfinder in the treatment of cholera and other diarrhoeal diseases. Dr. Boshir however admitted that improvement of sanitation and general health condition would only ensure prevention of these diseases. Besides counselling the government on the prevention of the disease, the Centre also imparts training to medical professionals and health workers about prevention measures.

The Centre whose annual budget for calendar 1982 is 5 million US dollars has a staff of nearly 1,000, including about fifty physicians of which 16 are expatriates.

Dr Md. Yunus, Dr. K.A. Mansoor, Dr. M.U. Khan, Dr. Thomas Butler and Dr. Stan D Souza were present at the briefing.

CSO: 5400/7054

BRIEFS

JAUNDICE AT UNIVERSITY--Jaundice has plagued all the halls and staff quarters of the Engineering University. It is learnt that about 100 students have been attacked with the disease. The situation in Suhrawardy Hall is the worst, where 35 students have been attacked with the disease. According to the Engineering University Medical Centre, five students have been shifted to Dhaka Medical College Hospital and other students who have residence in the city, have been advised to leave their halls. Some students have already left for their residence, it is learnt. The students residing in the halls are very much anxious about the out break of the disease and are in deep tension for appearing in the ensuing examination beginning from November 29. [Dhaka THE BANGLADESH OBSERVER in English 4 Nov 82 p 12]

PABNA DIARRHEA DEATHS--PABNA, Oct. 30--Thirteen more persons died of diarrhoeal disease last week in Ullapara and Faridpur police stations of Pabna district. Over 215 persons have reportedly been affected in these two thanas In Bera thana under Pabna Sadar Sub-Division about 30 persons have been affected. Shah Amirul Islam, Civil Surgeon, Pabna however confirmed four deaths in Ullapara thana and two in Faridpur thana. According to him about five hundred persons were affected by diarrhoeal disease during the last three months and four persons died in the modernised Pabna Sadar Hsopital. He further said adequate preventive and curative measures were already taken. [Text] [Dhaka THE BANGLADESH OBSERVER in English 31 Oct 82 p 8]

DIARRHEA IN MADARIPUR--MADARIPUR, Oct. 30--Diarrhoea claimed 13 lives and affected 90 others during last fewdays in Shibchar thana under this subdivision. In kamalapur, Nalgola, Charbhadrashan, Manikpur, Alipur, Guatala, Sadakabad, Shamail, Ramraierkandi, Gajaria, Bahirchar and Omedpur diarrhoea has broken out in epidemic form. The disease has also spread in the new areas adjoining the affected villages. It is alleged that the authority is not taking adequate preventive measure against the disease. An official source said, medical teams have been sent to the affected areas to combat the situation and a control room has been set up at Deputy Civil Surgeon's office at Madaripur. [Text] [Dhaka THE NEW NATION in English 31 Oct 82 pp 1, 8]

MORE DIARRHEA DEATHS--MANIKGANJ, Nov. 4--More than 30 persons died and another 125 were attacked by strong diarhoea in Dhamrai police statian recently. According to report, cholera braks out in Kusura, Gangotia and Sanora union parishads in epidemic form. 19 lives ware claimd in a single village of jalsa. The oral saline bags were supplied in the area which is quite insufficient as stated by the local social workers. The Deputy Civil Surgion, Dhaka Sadar coult not be contacted as he was not in Dhaka but the Thana Health Administrator, Dhamrai confirmed the cholera as strong diarrhoea. [Dhaka THE NEW NATION in English 6 Nov 82 p 2]

TEAMS TO CHOLERA AREAS--Eight army medical teams have been sent to different areas affected by cholera gastro-enteritis and diarrhoeal diseases in Zone-A, says a PID handout. The army teams consists of Doctors and Medical Staffs from the army Medical corps. Three army medical teams are working in Gofargaon of Mymensingh district, two Army Medical Teams in Fatullah area of Dhaka district and 3 other army medical teams are operating in Dhaka Metro politan area and responses from the members of the public in the affected areas are very good and they are eaterly coming forward to take preventive inoculation and treatment by the Army Doctors. The army medical teams are also distributing water purifying tablets and advising people to adopt precautionary measures such as using pure boiled water, avoiding stale food etc. They are also supervising the works of other medical teams in other areas. The prompt action of the medical teams has already brought satisfactory results and the sitsituation has been brought well under control in the affected areas. [Dhaka THE BANGLADESH OBSERVER in English 10 Nov 82 p 1]

BRAHMANBARIA DIARRHEA DEATHS--BRAHMANBARIA, Nov. 17--Diarrhoea claimed 72 lives and more 525 people were attacked by the disease in Brahmanbaria in the last few weeks, according to official sources here. The unofficial death figure put the death toll at 125 and about 800 people were attacked by diarrhoea. The Brahmanbaria Sadar Hospital doctors said every day average of five diorrhoea patients were being brought to the hospital since November 1. It could not be ascertained how many of them were dead. The Deputy Civil Surgeon of Brahmanbaria said that the affected areas are Pairtala south, Rajagher, Meddha, Birrashar and Gattura under Brahmanbaria thana, Barishal and Bhattsala under Akhaura thana, Ibrahim-pur union and Shampur union under Nabigonj thana and Syedtulla, Arifail, Pakshimul, Kalikatcha under Sarail thana. Already four medical teams are working in the affected areas. Officials claim that the situation in Nasirnagar and Kasba police station are under control. It is also said that paucity of safe drinking water is the main cause for outbreak of the disease in the sub-division. [Dhaka THE NEW NATION in English 18 Nov 82 pp 1, 8]

CSO: 5400/7058

LEPROSY CASES SAID TO TOTAL 500,000 NATIONWIDE

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 21 Nov 82 p 32

[Excerpts] Brasilia--There is said to be a total of 500,000 persons in Brazil afflicted with Hansen's disease, according to the strictest estimating criteria of the World Health Organization (WHO), and most Brazilians have already had contact with the bacteria which cause the disease. However, in the case of Hansen's disease, individual resistance is extremely high and, although the epidemic has reached every area in the country, official reports indicate a total of 15,000 new cases per year.

Hansen's disease, a dermatoneurological illness which, in the past, comprised the group of afflictions classified as leprosy, is now, from a medical viewpoint, a contagious disease like any other. But, socially, it still carries the stigma of a curse and contagion, as shown by the fact that, just when the problem is being received by society as something natural, attitudes emerge such as that of the Regional Electoral Tribunal [TRE] of Mato Grosso do Sul which, on 15 November, demanded that the voting rights of lepers confined in a treatment sanatorium be taken away.

The reaction of experts at the Ministry of Health was to consider the TRE decision devoid of technical grounds; however, the experts could do nothing inasmuch as that tribunal has the backing of the Electoral Code in making such a demand. Nevertheless, the case has served to call attention to the fact that there are still individuals with preconceived notions about leprosy, a disease which is difficult to transmit but whose transmission is probable through long and persistent contact with persons so afflicted; leprosy is now being treated at health centers along with any other disease. According to Agnaldo Goncalves, director of the Hygienic Dermatology Division of the Ministry of Health's Secretariat for Special Programs, only 5 percent of the cases are treated at hospitals or require the patient to be hospitalized, but in no instance is the patient isolated. This is contrary to the situation of patients who have been confined at a hospital and held in isolation for many years and who would now have difficulty returning to society.

Brazil's health system has a record of 180,000 cases. However, according to Agnaldo Goncalves, inasmuch as Hansen's disease is long in developing, with an incubation period of 5 years, the WHO is establishing criteria to adjust the reported figures, beginning by multiplying them by 1.75, then multiplying them by 2 when the health services are barely satisfactory, and increasing them by 3 times when such services are entirely inadequate. Hence, the estimate of about 500,000 cases initially given, amounting to 0.42 percent of the Brazilian population, inasmuch as, according to the division director, the health services vary from area to area, vacillating between barely satisfactory and unsatisfactory.

The Mato Grosso do Sul incident called the attention of the Ministry of Health experts to other laws which may exist in the country discriminating against leprosy. For example, 8 years ago, the Social Welfare Department considered it standard procedure to advise lepers to retire, although they would only be disabled for work to the extent of the lesions caused by the disease.

According to Agnaldo Goncalves, an effort should be made to change the level of information available to persons afflicted with the disease, beginning with the principle that leprosy--for those who prefer to refer to Hansen's disease in that manner--is curable and does not offer any risk of transmission once the patient begins to receive treatment and is under medical care.

It is up to the Ministry of Health, through the Hygienic Dermatology Division, to plan and follow that is done in the country for the treatment of Hansen's disease, and this work is the responsibility of the state health secretariats. It is also up to the ministry, through the Central Enterprise for Medicines (CEME), to distribute the medications. For example, the expenditure for medications this year is expected to amount to about 15 million cruzeiros, and, in 1983, it is estimated that a total of 548 million cruzeiros will be spent on the purchase and distribution of chlofazimine, dapsone, rifampicine, thalidomide and prednisone for the treatment of Hansen's disease at various health centers.

In addition to the difficulties encountered in treating the disease, beginning with the fact that the patient himself hides to avoid treatment and thus admit that he has the affliction, there is inadequate training of qualified health personnel in the area, according to Agnaldo Goncalves. Therefore, the Ministry of Health is sponsoring a specialized 400-hour course in Brasilia to train multiprofessional teams; this is in addition to courses being given at regional and local levels by the secretariats of health.

8568
CSO: 5400/2025

BRIEFS

DATA ON MEASLES INCIDENCE--Brasilia--The number of cases of measles in Rio de Janeiro dropped 25 percent this year compared with 1981: from January to October, 2,295 cases were reported to the Ministry of Health, while during the same period last year there were more than 3,000 cases. Roberto Becher, director of the Ministry of Health's Division for the Control of Epidemic Diseases, says that in the country as a whole only half of the number of cases reported in 1981 came to the attention of the ministry this year: 30,000. Roberto Becker attributes this reduction in the number of cases to vaccination, in many places combined with the poliomyelitis campaign. Of all the doses of vaccine available for 1983, more than half will be prepared in individual vials; this will raise the cost per dose by about 100 percent compared with the 20-dose vial. In Roberto Becker's opinion, the increase in cost is offset by greater assurance that the vaccine will be effective and by the elimination of frequent losses: once a vial is opened, the contents must be diluted immediately, and the time limit for administering all doses is 4 hour maximum; otherwise, the vaccine loses its effectiveness. The director adds that the 50-dose vials, which were used this year, will be abandoned inasmuch as they limit the administration of the vaccine to a single campaign using hypodermic injections. "In 1983," Becker says, "all vaccinations will be made with syringes; however, they will be easy to use without the necessity of training personnel. Moreover, the number of hypodermic syringes is a limiting factor. [Rio de Janeiro JORNAL DO BRASIL in Portuguese 1 Nov 82 p 7] 8568

MENINGITIS IN MATO GROSSO--Cuiaba--Yesterday morning, the Mato Grosso Secretariat of State received 10,000 doses of vaccine to combat the outbreak of meningitis which is beginning to spread in the Santa Terezinha area, in the eastern part of the state. According to Health Secretary Hugo Leopoldo Campos, four cases of meningitis were reported in that area, near an Indian settlement. To avoid having the outbreak spread throughout the area--and perhaps affect the native tribe--the secretariat asked the Ministry of Health's vigilance sector for 10,000 doses of vaccine and sent a team of six nurses to the area to administer the vaccination and thus help the people. [Rio de Janeiro JORNAL DO BRASIL in Portuguese 15 Nov 82 p 7] 8568

CSO: 5400/2025

BRIEFS

DYSENTERY EPIDEMIC--The epidemic of bacillary dysentery which is rampant in some parts of the country continues to strike people despite the vast efforts made by health service officials. In the district of Mbuye, Muramvya Province, where the disease first appeared 5 months ago, they have already had 400 cases, some of them fatal, according to the ABP [Burundian Press Agency] correspondent in that district. The head of the community clinic of Kivoga, with whom he spoke, told him that they are resolutely pursuing their relentless campaign against that epidemic while facing difficulties due to an increasing number of cases requiring care which makes treatment difficult since the clinic has a very small staff. Not a single hill is free of the threat, he pointed out. Isolated cases are reported everywhere in that district. In an attempt to protect those who are still free of the disease, the local authorities have adopted the necessary measures. From now on it is strictly prohibited to sell in the market any foodstuffs for immediate consumption such as fruits, peanuts and bread. Bars and restaurants have been closed and will not reopen until the disease is totally eradicated. [Text] [Bujumbura LE RENOUVEAU DU BURUNDI in French 15 Oct 82 p 4] 8796

CSO: 5400/69

CAMPAIGN AGAINST DISEASE CARRIERS BEGINS IN YAOUNDE

Fight Against Mosquitoes Started

Yaounde CAMEROON TRIBUNE in French 8 Oct 82 p 1

[Text] In cooperation with the British "Welcome Foundation Limited," the Ministry of Public Health on Wednesday inaugurated a spraying campaign. The objective is to destroy as many mosquitoes and flies in Yaounde as possible, since they are responsible for a majority of cases of certain transmittable diseases in Cameroon, specifically malaria, jaundice, tuberculosis, etc.... The campaign will last a year. The new insecticide to be used is "Restling 25," a chemical product which experts say is not at all harmful to man. This eradication campaign, if successful, will save citizens the money they would have spent on insecticides, which are not harmless.

Anti-Mosquito Campaign

Yaounde CAMEROON TRIBUNE in French 9 Oct 82 p 8

[Interview with Ntuba Francis, head of the hygiene and sanitation service, by Mouelle Bissi; date and place not given]

> [Text] Within the framework of our social policy of "Health for Everyone in the Year 2000," a campaign against disease carriers was launched this week in Yaounde. The campaign will be under the joint direction of the Public Health Ministry and the British "Welcome Foundation Limited."
>
> This large-scale operation, which will cover all parts of the city, is aimed at destroying all carrier transmitters of disease in houses their surroundings and in the markets. These carriers are flies, mosquitoes, cockroaches, fleas, bugs, etc. It is no accident that this major health campaign will at first tackle only the city of Yaounde, which is a prime malaria area. Depending on the results in Yaounde, the health campaign may be extended to the whole country. To show how important his department considers it, the minister of public health, Athanase Eteme Oloa, personally attended the inauguration Thursday of this anti-disease campaign. We discussed with Ntuba Francis, head of the hygiene and sanitation service and director of the project, the actual progress of the campaign.

CAMEROON TRIBUNE: What is the extent of the malaria problem in our capital?

Ntuba Francis: In our hospitals, the percentage of people afflicted by malaria is growing yearly. Malaria has become the number one enemy today. The problem exists not only in Yaounde but throughout the country. Since Cameroon is in the equatorial zone, the environment is very favorable for reproduction of the transmitting carrier. Take Yaounde as an example. The rainfall is very high, and there are many swamps. All the conditions are present to make the problem even more acute. It only takes 15 days for a larva to become a mosquito. In order to effectively combat malaria, you have to begin by eliminating the breeding places. It is not enough, however, to combat the problem at the first stage, you must also eliminate the adult mosquitoes. The struggle against mosquitoes has become a necessity now that more than 30 percent of the population lives in constant danger of malaria.

Question: How does the Ministry of Public Health plan to conduct the struggle against this veritable plague, which malaria has now become?

Answer: "Health for Everyone in the Year 2000" is the primary concern of the department of health officials, and the struggle against malaria receives special attention. All possible measures are being taken to rid the population of this veritable plague, as you have rightly described it, which threatens the lives of several thousand people. In this struggle against malaria we will not limit ourselves to destroying only the breeding places. Our efforts will extend to a series of spraying the interior of houses. Moreover, the campaign now getting underway follows an in-home operation that has been going on for 3 months.

Question: What resources are being used to successfully carry out this campaign?

Answer: We have received from Welcome Foundation (British) a shipment of equipment for this struggle against carriers of disease. It consists of five "HD Leco" sprayers that are towed by the same number of Land Rovers. Welcome Foundation has also provided us with two "Mini Leco" sprayers that will mainly be used in combatting flies. The foundation has also offered us, free of charge, laboratory equipment and devices. The Health Ministry will cover the cost of the insecticides.

Question: Will the resources being used in this campaign be adequate to completely eliminate the breeding places and especially the transmitter carriers?

Answer: The contract between Welcome Foundation of the United Kingdom and the Health Ministry is for 1 year. We feel that after that period the campaign could continue or stop, depending on the results achieved. As for the resources at our disposal, it can be said that they are clearly adequate.

Question: And the human resources?

Answer: The team is composed of 20 people. Under the established schedule, we hope to cover the whole city.

Question: How will the campaign be carried out across the city; have you identified priority areas?

Answer: We did not feel it would be useful to identify priority areas. One thing is certain; all areas will be covered. The city has been divided into five zones, and each zone divided into two sectors. A plan diagram of the visits within these zones and sectors will make access easier to the areas we will visit. Our work schedule is in two stages:

--An attack stage lasting 28 days, and

--A maintenance stage.

A team to inspect the results has been formed. It will regularly collect and dissect insects in order to check on treatment results by area. These results will make it possible to guide the operations in the field.

Question: What practical advice can you give the people in regard to achieving success of the campaign?

Answer: The people should be confident that there is no danger to them; the products we are using have no effect on humans, they affect only the insects. Therefore, we urge them to open their doors and windows wide for the passage of the sprayer teams.

Question: A final question. Do you think the campaign will be successful in eliminating malaria and especially in systematically destroying the mosquitoes?

Answer: If the campaign is well conducted, and primarily if the people give us their support, the incidence of malaria may decrease by 90 percent. Our goal is to decrease the incidence of this disease. If we wish to eliminate malaria altogether, it is imperative that such campaigns become a permanent activity.

9920
CSO: 5400/59

INTENSIFIED STRUGGLE NEEDED AGAINST GROWING MOSQUITO THREAT

Djibouti LA NATION DE DJIBOUTI in French 11 Nov 82 p 3

[Text] In Djibouti, public health officials have sounded the alarm: We must combat mosquitoes, and quickly. They are invading the town...

These insects, with extended abdomens and long, fragile legs, are real public enemies. It is true that most of them are of the "culex" type and are mainly a cause of discomfort; but there is a species, of which there are fewer fortunately but they are much more dangerous: the "anopheles," of which the female is the carrier and transmitter of malaria. This sickness can be fatal, not only for infants, of whom many succumb, but also for adults.

Indeed, we are just witnessing a renewed rise in the number of mosquitoes as well as the occurrence of malaria among the population. This epidemiological development poses a danger to everyone's health. A number of WHO experts have been sent to the area. Their mission: To study the general situation, identify the causative factors, and find the most suitable methods for combatting this threat.

The WHO experts have developed a kind of anti-mosquito strategy. They consider there are three main obstacles to overcome:

--Deterioration of the environment because of damaged cesspools and pools of stagnant water that are a favorable environment for the growth of mosquito larvae.

--The mosquitoes' resistance to insecticides which have been in use for more than 10 years.

--Poor supervision by health service officers working in small teams scattered throughout the town.

The purpose of the Health Ministry's recent anti-mosquito campaign was to provide a learning experience from which it could go on to develop a new strategy. The health service and the health education section then put the strategy into effect. Numerous teams were organized in all the populated areas and began operation according to a precise plan. After treatment of the cesspools, all the houses were hand sprayed. Other features of the campaign are less spectacular but perhaps more hopeful; for example, 254 fish of a variety that eat mosquito larvae were released in various parts of Ambouli River. The cooperation between the health service and the health education section also has promising potential.

During this operation, the health officer's role was not limited to bringing a container of insecticide; he also delivered information sheets to the parents in the treated houses for the children to read to them.

The sheets explain the importance of vaccination and the role of cleanliness in combatting mosquitoes.

In the wake of this operation, a number of questions suggest themselves:

--What of the future?

--Who can assure that the insecticides currently in use will be effective 2 or 3 years hence? Hygiene is that aspect of health that deals with the environment in which man has to live, in such a way as to change it in the direction most favorable to his development. The public health administration appeals to the people for help not only in the current operation but also in the future. Health education must begin in the primary school and continue through all stages of a citizen's life. If this happens, perhaps there is hope.

9920
CSO: 5400/57

INDIA

BRIEFS

ENCEPHALITIS VACCINE SHORTAGE--DURGAPUR, Nov. 13--The Health Department officials are embarassed as the anti-encephalitis vaccine sent by the Government fall short of the demand, according to an official source. Against a demand for about 40,000 vials, less than 400 have been sent so far. To avoid criticism the local authority finds it more convenient not to administer the vaccines and have stored these instead. According to a report the Health Department personnel were beaten up by local people at Labhpur village as they had allegedly administered the anti-encephalitis vaccines only to elected representatives of the panchayat. [Text] [Calcutta THE STATESMAN in English 14 Nov 82 p 7]

MORE ENCEPHALITIS REPORTS--MIDNAPORE, Nov. 15--With two more deaths from encephalitis one each at Midnapore district hospital and at the Jhargram subdivisional hospital, during the past two days, the death toll from the disease rose to 54 in the district, according to the district Health Department sources here today. Though the disease has been contained to some extent in Kharagpur, Jhargram and Midnapore sadar north sub-division are, still not out of danger as fresh cases are being reported from those areas. Insanitary conditions, particularly in Jhargram and Midnapore towns, are causing concern among the people and the officials. Health Department officials said that it was the job of the concerned municipal authorities for which they had been given medicines by the Health Department. [Text] [Calcutta THE STATESMAN in English 16 Nov 82 p 16]

TETANUS VACCINE RELEASED--UDHAGAMANDALAM, Nov. 9--Mr. D. V. R. Kalyanaraman, Director, Pasteur Institute, Coonoor, told pressmen today that the Institute had released the first batch of tetanus toxoid. A consignment of 1.20 lakh doses had been sent to centres in Coimbatore, Tiruchi, Madurai and Tirunelveli to be used for the expanded programme of immunisation. The institute proposed to supply about two million doses of tetanus oxide under this programme for the southern region before March 1983. The institute would release diptheria tetanus combined absorbed vaccine for school children this month, Mr. Kalyanaraman said. [Madras THE HINDU in English 10 Nov 82 p 9]

ENCEPHALITIS IN MIDNAPORE--MIDNAPORE, Nov. 9--The encephalitis menace, which as has affected people in different parts of the district for the past two months, is still causing concern to the authorities. Till now, 51 people have died and about 145 have been admitted to different hospitals. The Chief Minister, who met the district Health Department officials here last night, said there might be other reasons for the spreading of the disease apart from mosquitoes. He however, asked the officials to step up the anti-mosquito drive. [Text] [Calcutta THE STATESMAN in English 10 Nov 82 p 16]

BENGAL ENCEPHALITIS DEATHS--Mr Ambarish Mukherjee, West Bengal's Minister of State for Health, told reporters in Calcutta on Friday that 478 people had died of encephalitis and another 1,252 had been attacked with the disease. In Burdwan district alone 223 had died of the disease. The other deaths occurred in Bankura and Midnapore. The Minister said he would discuss with the authorities of Eastern Coalfields measures for curbing the incidence of the disease in the coal mines areas. The State Government had written to the Centre seeking permission for import of encephalitis vaccines, but the latter had not yet replied. Our Correspondent In Midnapore adds: The death toll from encephalitis in the district rose to 52 when one person died in the Jhargram Sub-divisional Hospital on Thursday, according to the district Health Department sources in Midnapore on Friday. Fresh cases of encephalitis were reported when some people from the the Manikpur area of the town were admitted to the Midnapore District Hospital on Thursday night. It was alleged that anti-mosquito drive and disinfecting of drains in the district town had not been stepped up, despite the Chief Minister's instructions to the district Health Department officials during his visit to Midnapore on November 8. [Calcutta THE STATESMAN in English 13 Nov 82 p 16]

CSO: 5400/7050

GOVERNMENT'S CHILD IMMUNIZATION PLAN REPORTED

Maseru LESOTHO WEEKLY in English 12 Nov 82 p 3

[Article by Keona Kotsokoane]

[Text] FOR many years the Minister of Health through its static units (hospiatal clinics, health stations) have conducted vaccinations of children against certain childhood infections, previously with the main emphasis on smallpox.

Concurrent review indicated that vaccination coverage was of such low standard that it was doubtful of the effect it was having in reducing the mortality and morbidity caused by diptheria, whooping cough, polio, measles and tuberculosis among the child population.

A DECISION

In keeping with the Ministry's policy of providing health services to the rural population and later in keeping with the Government's commitment to the World Health Organisation (WHO) policy of "Health for all by the year 2000", a decision was taken to expand immunization services in 1975.

In this regard, a loan agreement for launching the project was signed by the Lesotho Government and the African Development Bank (ADB) in 1976.

SMALL EPEDEMIC

Following a small epidemic of polio in 1976, immunization in Lesotho was to be intensified through the Expanded Programme of Immunization (EPI).

It was initiated in 1978 and is funded by the Government of Lesotho, Save the Children's Fund, the African Development Bank, the United Nations Children's Fund and the World Health Organisation.

The objective of EPI is that by the year 1985, every child born in Lesotho will be fully immunized during its first year of life. In keeping with this objective several targets have been set for each year.

TARGET

Target number one is that at least 70% of Lesotho's child population should be immunized; secondly, that all school entrants (aged five to nine years) should receive a tuberculosis booster; thirdly, that an international evaluation in 1984 be conducted to allow for improvements; fourthly, to have the immunization programme fully integrated into the general framework of primary health care by 1985; and lastly, to reduce by 80% the infant mortality due to the mentiond diseases by 1990.

The Ministry of Health has the general responsibility for all health programmes in the country, but directly manages only the public sector health institutions consisting of 11 hospitals and 26 clinics plus associated outstations. Responsibility for the remaining eight hospitals, 69 clinics and associated outstations is shared by private organisations which are missions and the Lesotho Red Cross Society.

PHAL

These mission institutions, however, co-ordinate their activities with the Government through the Private Health Association of Lesotho (PHAL).

All health institutions in the country (with exception of two specialist hospitals) are immunization centres.

They have been supplied with refridgeration facilities or vaccine storage; vaccines and vaccination equipment to carry out these tasks and will be given all other logistic support necessary irrespective of whether they are Government-run or missions. EPI management will supervise them regularly.

TEAMS

Mobile teams continue field immunization to complement the coverage of the fixed health units. Their work schedule is prepared in consultation with the District Medical Officer and the District Public Health Nurse, the latter assumes responsibility for the day-to-day supervision of the teams operating in the districts.

Responsibility for organising and administering EPI activities lies with the EPI unit which is under the direct supervision of the Director of Health Services, Dr. Arabang Maruping.

The central level of programme is responsible for the overall administration and technical aspects of the programme. It is in turn supported by the EPI co-ordinating committee.

While it was found necessary to create a special unit in the Ministry of Health for the management of EPI at its implementation level, there has been full intergration of all the services from the very inception. Further, the topic of immunization is fully integrated into the curricula of the training schools for the various categories of the health staff.

At present serious consideration is being given to strengthen the collaboration between the EPI management and the Mother and Child (MCH) co-ordination office with a view to integrate it. To this end, the EPI/MCH field supervisor has been appointed.

The EPI management participate in the planning and running of re-orientation courses for all categories of health personnel engaged in primary health care delivery, including the training of village health workers.

CSO: 5400/77

THREE STATES REPORT INCREASE IN MALARIA CASES

Threefold Increase in Perak

Kuala Lumpur NEW STRAITS TIMES in English 25 Oct 82 p 11

[Text]

TAIPING, Sun. — Malaria has gained a foothold again in the country because of jungles being cleared for land development, especially along the border with Thailand.

Deputy Health Minister Datuk K. Pathmanaban said the anopheles mosquito that spreads the disease flourishes in these newly cleared areas as it gets plenty of sunshine and water.

Malaria has been endemic in South Thailand and the Orang Asli has been the traditional carriers. So the danger of the disease spreading was always there, he said.

Datuk Pathmanaban was speaking after attending a cultural show organised by the Kamunting MIC at the Town Hall here last night to raise funds for education.

The Deputy Minister expressed concern over the increased number of malaria cases in Perak.

"There were 2,160 cases during the first seven months of this year — three times more than the 860 cases reported for a similar period in the State last year," he added.

Precautions

"About 60 per cent of the cases were in Hilir Perak and 38 per cent in Hulu Perak."

There were eight deaths from the disease reported last year.

Datuk Pathmanaban said most of those affected were security personnel and the police field force who went on border operations.

"All armed forces medical personnel have been briefed to take preventive precautions," he said.

Contract workers engaged to fell trees in the border areas are also being affected by malaria.

Datuk Pathmanaban said it was not necessary at present to have a massive country wide campaign against malaria, like for dengue, because only border areas are affected.

The Orang Asli in the various settlements are being thoroughly screened and blood samples taken to check the spread of the disease, he said.

On dengue, he said Perak enjoyed its first disease-free week in 39 weeks.

Imported Into Kedah

Kuala Lumpur NEW STRAITS TIMES in English 25 Oct 82 p 11

[Text]

ALOR STAR, Sun. — Contract workers in the Baling and Sik districts who pass through thick jungles to work in land schemes in Perak may be responsible for the increase in the number of malaria cases in Kedah.

State medical and health services director Dr Ahmad Shah bin Syed said the sudden increase in the number of malaria cases was due to workers "importing" it into the State.

The worst affected areas, he said, were the Sik, Baling, Kubang Pasu and Padang Terap districts in north Kedah.

Dr Ahmad Shah said contract workers returning from Perak were found to be suffering from malaria and were being treated in the Sik and Baling district hospitals.

"However we have recently tightened checks in both districts and anyone coming down with fever is checked for malaria."

Parasite

A total of 599 malaria cases were treated in the State since the beginning of the year compared to 405 cases for the whole of 1981.

He said district hospitals and health centres had been directed to take blood smears to be examined for malaria parasite.

He said travellers to Thailand were also bringing in the disease in the Kubang Pasu and Padang Terap districts which have a common border with Thailand.

He added that border health teams had been alerted to check on travellers crossing the border to Thailand and back.

On suggestions that the rise in malaria was due to the opening of land schemes, he said the vector anopheles macaletus mosquito bred well in such areas.

"The mosquito requires clean, slow moving water and adequate sunshine."

Kelantan Worst Affected State

Kuala Lumpur NEW STRAITS TIMES in English 19 Oct 82 p 3

[Text]

KOTA BARU, Mon. — Malaria has caused eight deaths in Kelantan up to the end of September — a four-fold increase over last year's death toll and double the dengue deaths in the State.

State Health and Medical director Dr Jones Varughese said this was a dangerous situation as the vector — the anopheles mosquito — was always present and difficult to eliminate.

The deaths, he said, included two brothers who died on the day they were admitted in a critical condition to the hospital.

Dr Varughese said he would attend a meeting on malaria at the Health Ministry in Kuala Lumpur tomorrow.

All State directors of Health and Medical Services are expected to attend — an indication of a serious development.

He said the main affected areas in the State are Tanah Merah, Ulu Kelantan and Kuala Krai where most of the cases came from.

There were 2,542 reported cases up to Sept 30. This makes Kelantan the worst affected State in the country as the figure is nearly half the national total.

He said the sudden increase in the number of cases was due to complacency as victims treated the fever lightly and did not complete the recommended medication.

"Anyone with fever should seek treatment at a clinic or hospital immediately.

"Confirmed malaria victims should go to the nearest hospital. This is to cut down the spread of the disease."

He said the two labourer brothers came from Ulu Dong, Raub, to their Wakaf Baru home and developed fever.

"They only came to the hospital at the last minute. One brother, 29, was admitted on March 23 and died the same day.

"The elder brother, aged 40, came to the hospital two days later. He too died the same day," Dr Varughese said.

Most of the malaria victims, he added, were from land schemes or those who had visited and stayed overnight in land schemes.

Dr Varughese advised patients to strictly follow doctors' orders.

"Some patients took the prescribed medicine for only three days when the medication is for a week. The medicine will then not be effective," he said.

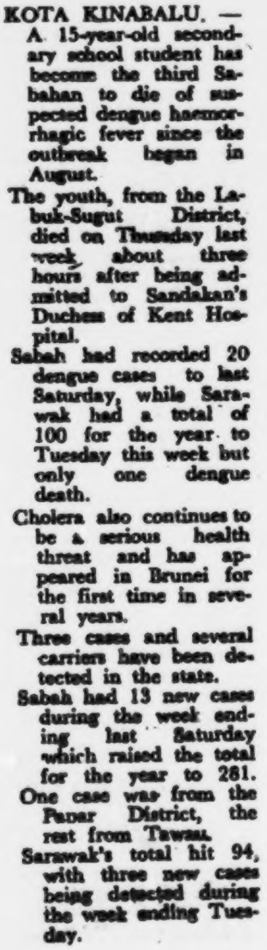
Two deaths have been reported in Wakaf Baru while one death each has been reported in Gua Musang, Pasir Puteh, Rantau Panjang, Gunong in Bachok, Pasir Mas and Dabong, Kuala Krai.

CSO: 5400/8410

DENGUE, CHOLERA REPORTED IN EAST MALAYSIA, BRUNEI

Kuala Belait BORNEO BULLETIN in English 30 Oct 82 p 48

[Text]



KOTA KINABALU. — A 15-year-old secondary school student has become the third Sabahan to die of suspected dengue haemorrhagic fever since the outbreak began in August.

The youth, from the Labuk-Sugut District, died on Thursday last week about three hours after being admitted to Sandakan's Duchess of Kent Hospital.

Sabah had recorded 20 dengue cases to last Saturday, while Sarawak had a total of 100 for the year to Tuesday this week but only one dengue death.

Cholera also continues to be a serious health threat and has appeared in Brunei for the first time in several years.

Three cases and several carriers have been detected in the state.

Sabah had 13 new cases during the week ending last Saturday which raised the total for the year to 281.

One case was from the Papar District, the rest from Tawau.

Sarawak's total hit 94, with three new cases being detected during the week ending Tuesday.

CSO: 5400/8410

BRIEFS

MEASLES STATISTICS--There were 12,553 cases of measles in Maputo from January to October of this year, with 111 deaths registered. This information was included in the latest statistics of the center for preventive medicine and medical examinations. According to a source related to the epidemiology sector, the main causes of the diseases are the absence of vaccinations and disregard for the most elementary rules of sanitation. [Text] [Maputo TEMPO in Portuguese 28 Nov 82 p 4]

CSO: 5400/92

HEALTH FACILITIES UNDER SIXTH PLAN REVIEWED

Karachi DAWN in English 1 Dec 82 p 5

[Text]

ISLAMABAD, Nov 30: A High-level meeting reviewed in detail the action taken on the decisions of the Federal Cabinet on Mehbub-ul-Haq Committee report on the employment and service prospects for doctors in the country, here on Monday morning.

The meeting, which lasted about four hours, was chaired by the Federal Minister for Health and Social Welfare, Dr. Nasiruddin Jogezai, and was attended by the Health Minister of Sind, Syed Ahad Yousuf and high officials of the Ministry of Health and officials of the Health Departments of Punjab, Sind and North West Frontier Province.

The meeting was informed that the Budget allocation for the health sector in the Sixth Five-Year Plan is going to be enhanced appropriately for providing adequate health facilities to both the rural and the urban areas.

It was confirmed that 1500 posts of medical officers are being created in the existing basis health units during the current fiscal year in order to appoint one additional doctor (in addition to the two already planned under the basic health scheme) in each rural health centre and one doctor in each basic health until including dispensaries.

The meeting noted that Punjab and the provincial governments will be required to provide house jobs to all medical graduates by the year 1984-85 , NWFP and Baluchistan governments are already providing 100 per cent house jobs to their medical graduates.

The provincial governments were asked to formulate plan of action to induce male doctors to serve in rural areas for two years and female doctor for one year on voluntary basis. Giving them attractive incentives such as accommodation, scholarships, rapid promotions and loan facilities for establishing their own private clinics etc. etc.

Introduction of second shifts of doctors and specialists in the out patient departments of the teaching, district and tehsil hospitals was also considered at length.

The meeting identified flaws of the present system of examination of F.Sc and reviewed the present criteria for admission to the medical colleges. The meeting considered various possible ways and means including introduction of computer in the examinations in order to improve the standard of the medical profession in the country.

Question of providing health facilities in the schools, results of imposing ban on quackery and progress in blood donation campaign also came up for discussion at the meeting.—APP.

CSO: 5400/4341

SIND RURAL HEALTH CENTERS TO GET 60 FEMALE DOCTORS

Karachi DAWN in English 3 Dec 82 p 8

[Text]

HYDERABAD. Dec 2: Dr. Attiya Inayatullah, Advisor to President for Population has said that the government has decided to post soon 60 female doctors in various health centres of the rural areas in the province.

Addressing Councillors and prominent citizens at Umerkot in Tharparkar district on Tuesday morning, Dr Attiya said the Government was not oblivious of the difficulties and problems being experienced by the poor rural masses and was doing its utmost to mitigate their sufferings.

She said priority was being given to provision of helath care to children upto 5 years of age because the mortality rate among them is 125 in 1000. She disclosed that the Government is opening large number of family welfare centres and maternity homes to provide maximum medical facilities to women and their children. She said that a training course would be opened soon for midwives.

Dr. Attiya who along with 27 women journalist (who are attending women journalist workshop being held at Hyderabad these days) visited Umerkot for a day, told the audience that these women journalist had come to Umerkot to apprise themselves of their problems.

She also visited the three-day productive health extension service camp organised by the Population Welfare Organisation. She explained the working of the camp to the women journalists. Dr. Attiya also visited a village in the desert area and met village women clad in their traditional dress. She admired the "desert stitch craft" and expressed the hope that it would be developed on commercial lines.

CSO: 5400/4341

NEW TUBERCULOSIS WARD PLANNED

Karachi DAWN in English 25 Nov 82 p 8

[Text]

SUKKUR, Nov 24: Dr Gulzar Ahmad Sheikh, Civil Surgeon, Civil Hospital, Sukkur, told a Press conference here on Sunday that a new tuberculosis ward would be set up in the hospital. For this, he added, a scheme, envisaging an expenditure of Rs. 12 lakh, had already been submitted to the Government.

The Civil Surgeon said one more ambulance for the Civil Hospital was expected in a month's time. For general repairs, he said, Rs. 2.50 lakh were already available.

Dr Sheikh said that the Rs. 5.95 lakh budget for medicines was not sufficient to meet the needs of the hospital.

The hospital authorities had urged the Government to allocate more funds for the purpose.

He told questioner that there was no shortage of blood at the hospital and added that eight bottles of blood were always available for use in case of emergency. He said that X-ray films were also available at the hospital.

Replying to another question he said that since he took over the charge of the hospital six months ago, the number of indoor patients had increased from 80 to over 100.

The Civil Surgeon said that the doctors of the hospital had to perform extra duty, under government directive, because there was shortage of doctors. "We have requested the Government to increase the number of doctors so that we can have separate doctors for the Casualty Ward", he added.

Dr Sheikh refuted allegations that a woman had died outside the premises of the hospital. He said that the woman had been brought to the Indoor Patients Ward by her relatives but she expired within five or seven minutes because she was in a very critical condition.

CSO: 5400/4341

BRIEFS

SUCCESSFUL MALARIA CAMPAIGN--The number of malaria cases in the Democratic Republic of Sao Tome and Principe has dropped from 20,000 to 600 per day, according to information provided by the local health authorities in connection with statistical data for the last few years. Malaria has always been the cause for high infant mortality in the archipelago. Sao Tome and Principe Minister of Health Dr Carlos Tiny said that one of the objectives of his government in the post-independence period was to decisively eradicate malaria from the Sao Tome territory. A country-wide campaign against malaria was launched in 1980, the result of which was a drastic drop in fatalities among children affected by the disease. [Text] [Maputo NOTICIAS in Portuguese 29 Nov 82 p 5]

CSO: 5400/99

BRIEFS

CHOLERA WARNING--Port Elizabeth--Health officials in Port Elizabeth have warned that cholera, the disease that has reached epidemic proportions on the Natal South Coast, could reach the Eastern Cape. Dr J D Krynauw, the Eastern Cape regional director of the Department of Health, Welfare and Pensions, said yesterday: "There is a possibility of cholera spreading to the Eastern Cape. It would be wise for us to repeat previous warnings against drinking unpurified water." Dr Krynauw said that as cholera germs were borne in water, the public should avoid using water which was in any way suspect. Fruit and vegetables should be washed before eating and people should observe strict personal and domestic hygiene. Dr Krynauw said the incidence of cholera seemed to subside slightly during the colder months and the danger was greater during summer. As cholera was contagious, it would be very difficult to prevent an outbreak in the Eastern Cape, as carriers from Natal could enter the region from Transkei.--Sapa. [Text] [Johannesburg THE CITIZEN in English 30 Nov 82 p 11]

CSO: 5400/84

CIRCULAR SAYS NATION STILL FACES INFECTIOUS DISEASE PROBLEMS

Dar es Salaam DAILY NEWS in English 24 Nov 82 p 3

[Text]

THE Government has said while the national health sector has made progress, the country was still faced with problems of infectious diseases.

A circular issued by the Minister of Health, Dr. Aaron Chiduo, and made available to the Press in Dar es Salaam yesterday, states that the problem centred on the control of the diseases also caused by poor environmental conditions.

The Minister, who was addressing himself to all workers in the health sector, singled out measles as the most important disease calling for concerted action.

He said measles was responsible for the deaths of 24,000 children per annum, or 2,000 every month. He called for a recharge of efforts to ensure that children were vaccinated against measles at the age of 9 months.

Tanzania aimed at reducing the present death rate of children under one from 135 to 50 in every 1,000 by the year 2000, he said.

Ndugu Chiduo, further said that the ministry was determined to raise life expectancy from the present 51 to 60 years by the year 2000.

The circular pointed out that infectious diseases and those caused by poor health environment included tuberculosis, measles, cholera, dysentery, bilhazia, ring worm and tetanus.

The minister added that deaths in the country were mostly caused by these communicable diseases as well as malaria, sleeping sickness and plague.

The high mortality, he explained, was compounded by poor nutrition among children and mothers. Old taboos and traditions observed by people in the villages have also contributed to a number of deaths in the country, he said.

The minister told the medical officers in the circular that it was imperative that workers and peasants be educated on all preventive measures.

"It is a shame that we should fail to contain diseases like cholera and dysentery whose main cause was simply poor environmental control both in the rural and urban areas and only requiring proper use of toilets and latrines," he said.

He called on Ten-Cell, ward and divisional leaders to play a major role in mobilising workers and peasants to keep their surroundings clean.

Dr. Chiduo said his ministry would launch a nation-wide campaign to immunize children against tuberculosis, whooping cough, polio, measles and tetanus.

Regarding malaria, he said that about four per cent of the people admitted to hospitals suffering from the disease, died. He said the people would help government efforts if they destroyed mosquito breeding grounds in their surroundings.

The minister said so far measures had been made to improve the people's health since independence, but said that was not enough.

CSO: 5400/85

DYSENTERY, MALARIA, MEASLES DEATHS REPORTED

Dar es Salaam DAILY NEWS in English 24 Nov 82 p 3

[Article by Charles Rajabu]

[Text]

THREE hundred and sixty seven people died of dysentery, malaria and measles between January last year and September this year, the Deputy Minister for Health and Social Welfare Ndugu Ali Mohamed Shoka told the House of Representatives here yesterday.

He was answering a question by **Ndugu Hamad Khamis Hamad (Revolutionary Committees, Wete District).** Ndugu Mohamed said 100 people died of dysentery out of 4,330 affected victims, 82 others out of 10,475 died of malaria, and 185 children under five, died of measles from a total of 8,649 affected victims.

The Wete had representative wanted to know the total number of people who died of dysentery, malaria and measles and what measures were being taken to curb these diseases.

The Minister told the House that the mass campaign on health education including proper use of toilets and how to prevent dysentery was already underway throughout the Isles. The programme is being conducted through mass media, schools and Party branches.

A special anti-malaria project is also being implemented, and according to the Deputy Minister, this includes the spraying of all mosquito breeding places.

He said further research into the disease was continuing, and once completed, the spraying exercise would start.

On measles, the Deputy Minister said that beside vaccination services offered at Mother and Child Care centres in the villages, another anti-measles programme had also been initiated through aid of the Danish International Development Agency (DANIDA) and another firm, Quamm of Italy.

The programme also covers innoculation against whooping cough, tetanus, polio and diptheria (throat diseases). The programme had already started in Pemba and will soon start in Zanzibar, he said.

CSO: 5400/85

BRIEFS

CHOLERA DEATHS, INCIDENCE--Seven people have died of cholera and 34 others have been treated against the disease in Nkasi District. Reports reaching Sumbawanga from Namanyere, the district headquarters, have said the district, which recorded 10 deaths by cholera last month, had run out of drugs to treat new patients. Nkasi District leaders told "Shihata at the weekend that they suspected 60 people had died of cholera since the disease re-surfaced in the area three months ago. The District Health Officer, Ndugu Clement Mwansumbi, has attributed the high death rate to non observance of quarantine regulations by the people who continued to visit homes of cholera patients. [Text] [Dar es Salaam DAILY NEWS in English 22 Nov 82 p 3]

CHOLERA DEATHS--Five people are reported to have died from a recent outbreak of cholera in Mwanza region. The Mwanza regional chief medical officer, Ndugu (Mafali), said 11 of the 16 ill people who had been admitted into various hospitals in the region have been permitted to return home. [Excerpt] [Dar es Salaam Domestic Service in Swahili 0400 GMT 2 Dec 82]

MWANZA CHOLERA DEATHS--Cholera has killed five people here, the Regional Medical Officer, E.K. Masali has reported. He said 16 people were admitted in hospital in the region after the outbreak of the killer disease. Two of the deceased were from Mwanza, two from Ukerewe and one from Magu Districts. [Text] [Dar es Salaam DAILY NEWS in English 3 Dec 82 p 3]

HOSPITAL ADMISSIONS FOR DYSENTERY--KIBAHA--Twenty people have been admitted at the Kibaha District Hospital after contracting dysentery. The Kibaha District Medical Officer, Ndugu G. Mtei, told Shihata yesterday that 13 were National Service youths from the Ruvu camp and three were students from the Rural medical aid school in the district. [Text] [Dar es Salaam DAILY NEWS in English 16 Nov 82 p 3]

CSO: 5400/89

BRIEFS

HEALTH STUDY GROUP--Scarborough--A committee to look into all aspects of public health in Tobago will hold its first meeting at Scarborough Health centre on Monday morning. The committee which has been set up by the Tobago House of Assembly comprises assemblymen Ken Jones, chairman of the health and sanitation committee, acting County Medical Officer Dr Lance Austin; public health inspector Aston Phillips and Mr Woodrow Lawrence, Mr Clifford George. Mr George Graham and Mr Tutil Arnon. Mr Jones commented: "It is a fact that residents are not getting the house-to-house services they require unless they provide the transportation for the health crews. "We feel that this is an unfair practice so we'll be looking into that and other matters pertaining to the health situation in the island, including scavenging. [Text] [Port-of-Spain TRINIDAD GUARDIAN in English 19 Nov 82 p 6]

CSO: 5400/7518

RESEARCH ON VARIETY OF DISEASES URGED

Kampala UGANDA TIMES in English 16 Nov 82 p 4

[Editorial: "Intensify Research"]

[Text] Research to evolve more effective drugs for various diseases has been the main preoccupation of scientists the world over.

Common diseases like colds and malaria, may be thought too simple to combat, but that is not the case.

That is why the Uganda Trypanosomiasis Research Organisation (UTRO) situated on the Tororo-Busia road is to hold a one-day seminar tomorrow. This seminar will essentially look into malaria as a disease and chloroquine resistance, sleeping sickness and magana. These are quite common attacks in the tropics, Uganda being one of the countries.

Mankind has come quite near to providing an effective cure for these diseases, through persistent research. But some of the cures bring about side effects which by themselves can claim lives. Take the case of measles in both infants and adults. It is high time that UTRO as a research centre, looks into this also and other common diseases.

Cattle diseases are also expected to feature prominently. Diseases affecting cattle in this region of Africa have likewise claimed large herds. A recent calamity of foot and mouth disease part of which has remained a nightmare to cattle keepers in Teso and northern Uganda. Evaluation of these common cattle diseases, should also be taken into account.

We are also made to learn that the seminar will dig deep into many aspects of diseases, their cure, their causes and such related thing. We are sure the knowledge which will be shared in the seminar, will benefit the whole of this country. We give all our support to the institution in its efforts to revive a feeling for mankind and our animals.

UTRO came into existence after the break of the East African Community. Uganda took it to itself and renamed it as such, from the original East African Trypanosomiasis Research Organisation (EATRO). It is, however, still a part of the mediation subjects, for the now defunct community. Nevertheless, Uganda has continued to offer the same old cherished services from the institution.

The decision to organise a seminar at UTRO, is a very welcome idea on the reality of national rehabilitation and reconstruction. The seminar should mark a complete return to normal functions of the institution. We are rightly informed by the institution boss Dr S.C. Masaba, that the seminar has attracted brains from Makerere University, ministry of health and that of Animal Industry and Fisheries. Also to attend, are some international agencies.

We wish the participants the most fruitful deliberations ever.

CSO: 5400/91

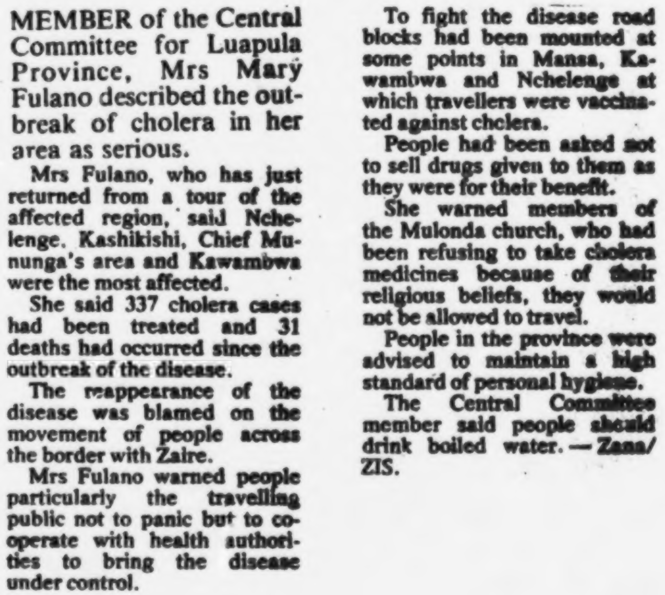
BRIEFS

AMEBIC DYSENTERY--1,515 cases of amebic diarrhea--including 13 cases in the Bumba area, 217 among the population of Monzamboli, 317 among the population of Yalosemba, 346 in the locality of Yambuku and 502 in the locality of Ebonda--were reported during the first 6 months of this year by the health services of the subregion of Mongala currently engaged in a health campaign to combat a dysentery epidemic present in that region since the beginning of the year. Dr Luban, regional medical inspector for the Equateur Province, who gave the above figures to AZAP [Zairian Press Agency], said that another medical team is fighting the epidemic in the Bongandanga area. The regional medical inspector said that so far they have not been able to identify the germs causing that epidemic. As for the measures being contemplated to counteract the epidemic, Dr Luban indicated that the services under him plan to establish a sanitary cordon and to set up health centers on the main roads between Bumba and Yambuku and between Bumba and Aketi in the Haut-Zaire Province. The purpose of the health centers, the creation of which depends on the means available, is to instruct the population on sanitary measures against dysentery and to treat cases when they are detected. [Text] [Lubumbashi MJUMBE in French 11 Aug 82 p 2] 8796

CSO: 5400/70

LUAPULA CHOLERA OUTBREAK 'SERIOUS'

Lusaka TIMES OF ZAMBIA in English 20 Nov 82 p 5



[Text] MEMBER of the Central Committee for Luapula Province, Mrs Mary Fulano described the outbreak of cholera in her area as serious.

Mrs Fulano, who has just returned from a tour of the affected region, said Nchelenge, Kashikishi, Chief Mununga's area and Kawambwa were the most affected.

She said 337 cholera cases had been treated and 31 deaths had occurred since the outbreak of the disease.

The reappearance of the disease was blamed on the movement of people across the border with Zaire.

Mrs Fulano warned people particularly the travelling public not to panic but to cooperate with health authorities to bring the disease under control.

To fight the disease road blocks had been mounted at some points in Mansa, Kawambwa and Nchelenge at which travellers were vaccinated against cholera.

People had been asked not to sell drugs given to them as they were for their benefit.

She warned members of the Mulonda church, who had been refusing to take cholera medicines because of their religious beliefs, they would not be allowed to travel.

People in the province were advised to maintain a high standard of personal hygiene.

The Central Committee member said people should drink boiled water. — Zana/ZIS.

ZAMBIA

BRIEFS

CHOLERA PREVENTION APPEAL--Eastern Province permanent secretary Mr. Jabes Sakala yesterday appealed to the Ministry of Health to take necessary precautions to prevent an outbreak of cholera in the province by intensifying hygiene campaigns in schools, markets, bus stations and villages. Opening the 12th meeting of the Eastern Province integrated health services committee at Chipata general hospital yesterday, Mr. Sakala urged the ministry to brace itself for a possible outbreak of the killer disease by ensuring that it had the necessary tools ready to fight it. [Excerpt] [Lusaka DAILY MAIL in English 27 Nov 82 p 5]

KAPUTA CHOLERA RECRUDESCENCE--Cholera has broken out afresh in Kaputa district. Provincial medical officer for Northern Province Dr Zakinndin Merchant disclosed that there were 31 cases of the killer disease in Kawama and Chipango villages. He said health authorities have now restricted the movement of people and banned the sale of fish in the two villages in a bid to control the disease. The other measure introduced by health authorities, is the setting up of check points on the road leading to Kaputa from Mporokoso. The last case of the disease was reported in the area two years ago.--zana [Text] [Lusaka DAILY MAIL in English 22 Nov 82 p 1]

MUFULIRA CHOLERA 'UNDER CONTROL'--The provincial medical office in Ndola has assured the public that there are enough doses of cholera to go round in Mufulira and urged them not to panic as everything is under control. A spokesman from the provincial medical officer's office said this yesterday when he allayed fears expressed by secretary of the Mufulira district surveillance committee, Mr Ezron Musonda, that there were only 3,000 doses of cholera vaccines to go round as compared to a population of 150,000. Mr Musonda was reported as saying that there was no possibility of conducting an intensive immunisation exercise against the killer disease because the present stocks of vaccines were not enough. The spokesman said that his office sent enough doses to the district on Thursday and that the situation was under control. "There is nothing to panic about because we have already dispatched adequate stocks to the district. The situation is under control and we feel that with the present doese, we can cope and contain the disease," the spokesman said. He could not give the number of doses that were dispatched but said that besides those drugs, the Zambia Consolidated Copper Mines (ZCCM) health department also had enough stocks to augment what the Government had provided.--ZANA [Text] [Lusaka DAILY MAIL in English 13 Nov 82 p 3]

CSO: 5400/83

NATION MOVES CLOSER TO FREE HEALTH FOR ALL

Harare THE HERALD in English 16 Nov 82 p 6

[Article by Shelley Winter]

[Text] **FREE health for all by the year 2000, no matter how far-flung the area or how poor the family — a mere dream or a fast approaching reality?**

When the Government of Cde Mugabe came to power many promises were made such as the establishment of free health care and clinics in all rural areas.

At the time it was estimated by the then Minister of Health, Dr Herbert Ushewokunze, that although 80 percent of the country's population lived in the rural areas, there were only 28 district hospitals and 16 doctors to administer the 55 districts.

Of the 243 rural clinics operational before the war, 180 had been forced to close, and the statistics of infant mortality — 120 in every 1 000 — were pitiful to say the least.

The minister planned to remedy this drastically. Doctors would be encouraged to do stints in the rural areas, and the flow of money to urban hospitals would be rebalanced to take account of rural needs.

Medical students studying at the Godfrey Huggins School of Medicine would be sent to rural areas to practise primary health care.

Although not all these plans have been accomplished, tremendous strides have been taken. By March 1981 two-thirds of the clinics had been repaired or rebuilt and the number continues to increase.

A massive project to build 316 rural health centres in three years was also started, and by October this year 50 had reached various stages of development despite financial snags.

The number of doctors in the rural areas had also increased, with aid from Pakistani and Italian doctors. Doctors from Egypt and Norway are to arrive before the end of the year.

Fifth-year students at the medical school are taking part in two-week attachments to rural clinics, and the entire medical curricula is under extensive review based on primary health care.

The introduction of free health care for people earning less than $150 a month has also made a marked change in the field. Vast increases in attendance at municipal clinics and hospitals throughout the country have been registered and staff, particularly in the rural areas, are hard-pressed to cope. Their dedication to duty has, however, been praised repeatedly.

But some people have abused the privilege, with very few patients earning over $150 a month prepared to pay fees, according to the Health Minister, Dr Oliver Munyaradzi.

In an interview last month he said another problem was that many people with trivial ailments expected care and were threatening to overrun the service. The ministry was considering linking up with the Department of Social Services to screen people earning less than $150.

The number of clinics and rural doctors has increased, but what about the incidence of disease and health in general?

A remarkable decrease in notified anthrax cases — from 511 in 1980 to 91 in 1981 — has been achieved, and a similar drop was reported in measles deaths. Of 1 103 measles admissions to the Harare's Beatrice Road infectious diseases hospital in 1980, only 1,6 percent died — compared to 5,73 percent of 1 030 in 1978 and 5,2 percent of 2 460 in 1979.

Whooping cough cases decreased from 157 in 1980 to 64 last year. A striking reduction of toddler deaths at a Harare rural clinic — more than 25 percent — was also recorded.

The decrease in disease is attributed mainly to preventive medicine. More than 7 000 children in Bindura received the requisite five injections last year and 94 000 in the Victoria Province had measles injections.

The provision of clean water and sanitation in rural areas has also contributed to better health.

The importance of clean water and hygienic sanitation to all cannot be overemphasised in attempts to improve the nation's health, says Dr Richard Laing, the medical superintendent at Bindura Hospital.

More than 180 Blair latrines had been built in the Bindura area by May, and a further 252 in Chilimanzi last year. The incidence of reported diseases has declined dramatically in both areas.

But while measles, whooping cough and child deaths are on the decrease, notified tuberculosis cases have doubled in the past four years to 899 in Harare alone. Typhoid has also doubled, with 123 cases reported in 1980 to 250 last year.

But probably the most contagious diseases Zimbabwe now has to fight are sexually transmitted ones. Nearly 50 000 people were examined last year at Harare STD clinics, 18 000 more than in 1980. In Bulawayo 40 000 cases had been reported last year, double that of the year before.

Herpes, a newly-discovered STD, has also reached Zimbabwe.

However, with an STD awareness campaign launched in 1981, the incidence of STD is expected to stabilise and decrease.

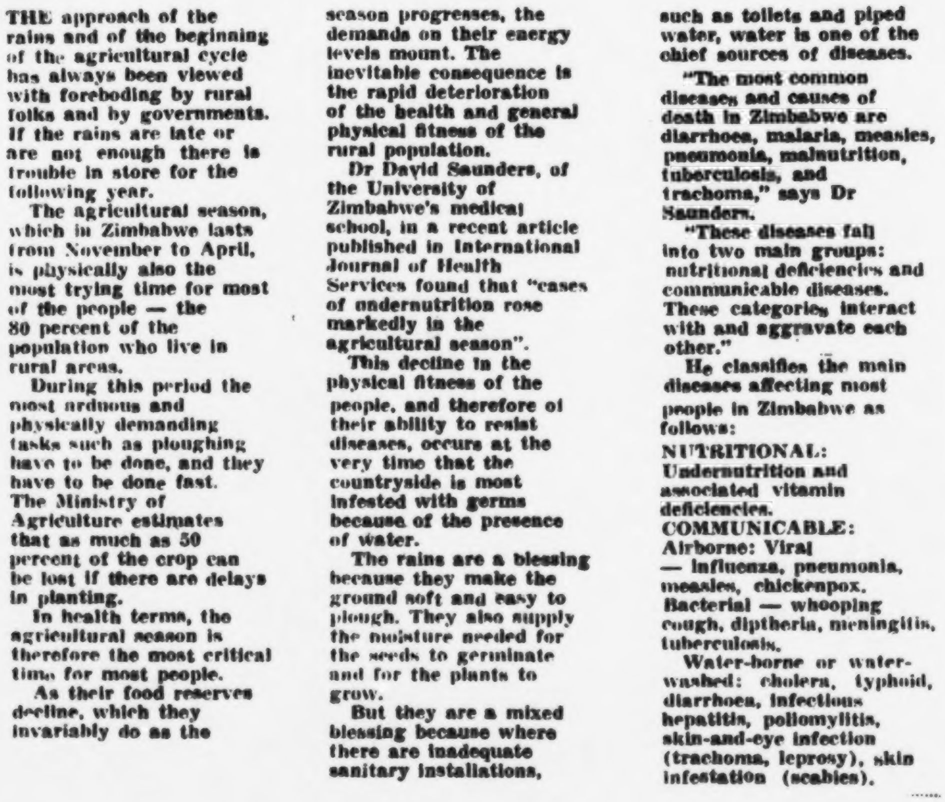
CSO: 5400/84

RAINY SEASON POSES HEALTH PROBLEMS FOR RURAL FOLK

Harare THE HERALD in English 16 Nov 82 p 6

[Article by Moeletsi Mbeki]

[Text]



THE approach of the rains and of the beginning of the agricultural cycle has always been viewed with foreboding by rural folks and by governments. If the rains are late or are not enough there is trouble in store for the following year.

The agricultural season, which in Zimbabwe lasts from November to April, is physically also the most trying time for most of the people — the 80 percent of the population who live in rural areas.

During this period the most arduous and physically demanding tasks such as ploughing have to be done, and they have to be done fast. The Ministry of Agriculture estimates that as much as 50 percent of the crop can be lost if there are delays in planting.

In health terms, the agricultural season is therefore the most critical time for most people.

As their food reserves decline, which they invariably do as the season progresses, the demands on their energy levels mount. The inevitable consequence is the rapid deterioration of the health and general physical fitness of the rural population.

Dr David Saunders, of the University of Zimbabwe's medical school, in a recent article published in International Journal of Health Services found that "cases of undernutrition rose markedly in the agricultural season".

This decline in the physical fitness of the people, and therefore of their ability to resist diseases, occurs at the very time that the countryside is most infested with germs because of the presence of water.

The rains are a blessing because they make the ground soft and easy to plough. They also supply the moisture needed for the seeds to germinate and for the plants to grow.

But they are a mixed blessing because where there are inadequate sanitary installations, such as toilets and piped water, water is one of the chief sources of diseases.

"The most common diseases and causes of death in Zimbabwe are diarrhoea, malaria, measles, pneumonia, malnutrition, tuberculosis, and trachoma," says Dr Saunders.

"These diseases fall into two main groups: nutritional deficiencies and communicable diseases. These categories interact with and aggravate each other."

He classifies the main diseases affecting most people in Zimbabwe as follows:

NUTRITIONAL: Undernutrition and associated vitamin deficiencies.

COMMUNICABLE: Airborne: Viral — influenza, pneumonia, measles, chickenpox. Bacterial — whooping cough, diptheria, meningitis, tuberculosis.

Water-borne or water-washed: cholera, typhoid, diarrhoea, infectious hepatitis, poliomylitis, skin-and-eye infection (trachoma, leprosy), skin infestation (scabies).

......

Water-based: Bilharzia.

- **Water-related insect carriers:- Sleeping sickness and malaria.**

Dr Saunders says that if the people in rural areas grew and ate more beans and groundnuts they would go a long way towards improving their health.

It is not so much the shortage of protein that leads to undernutrition, he says it is rather the shortage of energy-rich foods. Beans and groundnuts supply the needed fats and oils which are the sources of energy.

CSO: 5400/84

BRIEFS

MYSTERY CATTLE DISEASE--BRAHMANBARIA, Nov. 1--At least 250 cattle heads died of unknown diseases in the two villages of Nasirnagar Police Station during the last 3 months, it is learnt. The worst affected areas were Luxmipur, Magbulpur under Nasirnager Police station and Kalicatcha under Sarail Police Station. The villagers told this correspondent that they had lost cattle heads in the absence of proper diagnosis and medicine and also due to the negligence of the local animal husbandry authority. They complained that cocal animal husbandry failed to protect the cattleheads. [Dhaka THE NEW NATION in English 3 Nov 82 p 2]

CSO: 5400/7053

BRIEFS

RABIES DATA--There were 600 cases of rabies in the city of Maputo from the beginning of this year until October. The statement was made by a source of the center for preventive medicine and medical examinations. There were two fatalities among the 150 persons who came for vaccinations. Many tens of dogs without owners can be seen in the streets and public places, coming from the suburbs in search of food. They constitute a public health danger because they can cause a rabies epidemic in the capital. [Text] [Maputo NOTICIAS in Portuguese 20 Nov 82 p 8]

CSO: 5400/99

SWINE FEVER CAUSES SLAUGHTERING IN EXTREMADURA

Madrid TIEMPO in Spanish 8 Nov 82 p 50

[Article by Emilio Jaraiz (Caceres)]

[Text] Numerous sources of swine fever have been detected in the last few weeks in the Extremadura region, especially in the province of Badajoz, where the ravages are already so severe that they have completely ruined various hog raisers, at the same time that they have affected, in a dramatic way, the region's economy, based in a substantial way, on this livestock.

Specifically, on Aureliano Gil Escribano's farm in Alange, 18 kilometers from Merida (Badajoz), it has been necessary to destroy 571 hogs, of which 80 were about to give birth. These animals were destroyed in an attempt to erradicate the epidemic and to avoid other ill effects which could have repercussions on other livestock and on the human body, which would be seriously affected if the tainted meat were eaten.

The 571 pigs, Iberian breed, from which is obtained the famous "pata negra" ham were destroyed by a pistol shot in the neck, so that their suffering was slight. Cases like this, in which the owners have had to destroy all their animals, have been repeated constantly during the last few weeks, with the result that losses can be very substantial.

The owners affected by swine fever in their hogs will receive, according to law, 45 pesetas per kilo for each hog destroyed weighing less than 20 kilos, 41 pesetas for those weighing between 20 and 70 kilos, and 37 pesetas for those over 70 kilos.

However the owners are not satisfied with these rates. They feel that they are being shortchanged, since, for example, Aureliano Gil expected to receive somewhat more than 4 million pesetas from the sale of 571 hogs, while with the indemnification, he will receive somewhat less than a million and a half pesetas.

The economic repercussions from this epidemic in Extremadura will be substantial, since pig raising is one of the major sources of wealth that the region possesses. Furthermore this breed of Iberian hog was becoming outstanding, since, for the quality of its meat, especially ham, it was much appreciated and there was a strong demand for it in the international market.

According to reports from farmers, this is the first time in 18 years that a catastrophe of such magnitude occurred in the sector. The hog raisers fear that the epidemic could destroy all the existing farms in the area and are of the opinion that, when the epidemic appears, there is nobody to stop it. The problem is aggravated since the virus is not detected in the infected animal and, for the moment, there are no biological procedures to combat it.

9678
CSO: 5400/2502

SCABIES REPORTED SPREADING THROUGHOUT STOCKHOLM COUNTY

Stockholm DAGENS NYHETER in Swedish 10 Nov 82 p 29

/Article by Kerstin Hellbom: "Fox Scabies in Stockholm"/

/Text/ Fox scabies is now found all over Stockholm County. Last spring the first cases were reported in foxes in the western suburbs.

Now it is everywhere, and the scabies is being transferred to the city's dogs.

During 1982 40 dogs were treated for fox scabies at the two animal hospitals in the county.

Of the 40 dogs, 25 arrived in September and October, which thus signifies a marked increase recently.

Fox scabies came to Sweden from Finland in the mid-1970's. Since then it has slowly spread southward.

"It has spread like a wave, and right now the wave is lying over Stockholm and the Malar Valley," says laboratory chief Dan Christensson at the State Institute for Veterinary Medicine (SVA) in Uppsala.

Foxes which have caught scabies often die under tremendous suffering. They scratch and rub against tree stumps and logs and a few scabies may fall off.

These survive without a "host animal" for a few hours, and during that time a dog may be there and pick up the animal on its body. Usually the contagion is then transferred from dog to dog.

"Scabies is a disease loaded with connotations, about which people like to keep quiet," Dan Christensson says. "If only people were to admit that their dogs have scabies the circle of contagion could be broken, but people are silent and let the dog play with other dogs, and the disease is kept going."

A Horror for the Veterinarians

No one knows how many dogs in the county have got scabies. Forty dogs have been treated at the hospitals, but how many have been treated at home is unknown.

"scratching dogs" are a horror to the veterinarians, but in general they only advise by telephone that the dog should be washed with Alugan," Dan Christensson says.

A dog that has contracted scabies must undergo quite extensive treatment. It has to be bathed six times with Alugan, related to DDT.

"This is not a catastrophic disease for the dog; it can be successfully treated. But many dog owners are likely to terminate the treatment after a few difficult baths. The dog has stopped scratching, but that does not mean the scabies are dead. One must complete the whole program, otherwise the disease will return.

So it is not too bad for the dog, but it is worse for the foxes. The fox population in Norrland has decreased in the last few years and now a shrinking of the stock in Greater Stockholm and the Malar Valley as well is reported.

The "wave" of fox scabies now continues toward the south, which up to now has been free of fox scabies with the exception of a local contagion, which originated last year at Monsteras.

11949
CSO: 5400/2501

BRIEFS

FOWL TYPHOID QUARANTINE--The Ministry of Livestock Development has imposed quarantine on the two hatcheries belonging to Messrs Kibo Poultry Unit (KPU) in Moshi town and at Kibosho following outbreak of fowl typhoid among chicks originating from hatcheries. According to a statement issued in Dar es Salaam yesterday by the Ministry, the quarantine prohibits movement of poultry and poultry products from KPU properties except with permission of a government veterinary officer. The statement added that sanitary measures had been imposed and it may take up to six months for the condition to return to normal Since Dar es Salaam poultry keepers were the main recipients of ex-Kibo Poultry Unit chicks, quite heavy losses occurred in and around the city due to the disease. "Excerpt] [Dar es Salaam DAILY NEWS in English 13 Nov 82 p 3]

CSO: 5400/89

LATVIA, ESTONIA BORDER CLOSED TO STOP FOOT-AND-MOUTH DISEASE

Helsinki HELSINGIN SANOMAT in Finnish 27 Nov 82 p 9

[Article: "Foot and Mouth Disease Closes Latvian and Estonian Border"]

[Text] A sudden change in travel plans took about 20 people departing for Riga by surprise on Friday morning at Helsinki's south harbor. The travel bureau informed those departing that Soviet authorities had closed the border between Latvia and Estonia because of foot and mouth disease, which broke out in Latvia and Lithuania in October.

The border is completely closed to bus traffic in order to prevent the spread of this disease.

According to Finnsov Tours the decision to close the border was made late on Thursday and this information was coveyed by a tour guide who returned from Tallinn on Thursday evening.

Anneli Karppinen, director of the tourist bureau, stated that no official information on the border closing had yet been received on Friday, but after unofficial telephone conversations with Intourist it seems that there is some hope that the tour can continue on to Riga. If those bound for Riga reach their destination, it will apparently be accomplished by rail or air.

According to Karppinen there was no time to inform clients before their arrival at the harbor, but there they were offered an opportunity to cancel their trip. Four decided to accept the offer and returned home.

Extensive precautionary measures have been in effect for approximately a month in Estonia for the purpose of protecting dairy- and beef cattle and preventing an epidemic.

Disease Can Be Carried on Shoes

Loma Tours and Ystavyys Tours are also arranging trips to Riga this year. However, Loma Tours' next departure is not until 23 December so that it will have time to inform its clients of a possible change in their itinerary. Information on the closing of the border had not yet been received on Friday.

Director Jari Lehtonen of Ystavyys Tours also had not heard of the new arrangements. According to him their clients will be notified immediately if Moscow's Intourist gives them official information on the closing of the border between Lativia and Estonia. In that event those who have made reservations for the Riga trip will have the right to cancel or they can pick another destination from Moscow.

An inquiry by telegraph concerning the disease was sent to Soviet officials according to Inspector Saara Reinius of the Veterinary Section of the Ministry of Agriculture and Forestry, but there has been no answer.

According to information received last week by the Ministry of Agriculture and Forestry tourists as well as cars had to pass through disinfection troughs containing sawdust at the Latvian and Estonian border so that the disease would not be spread.

The closing of the border is a good thing in the opinion of Reinius since there has been some concern in Finland that the disease could spread from Estonia even to Finland.

Also when foot and mouth disease appeared in Finland, the area of contamination was quarantined, religious services were cancelled, and schools were closed. Any movement out of the area was permitted only through a sauna.

10576
CSO: 5400/2504

CONCERN OVER SCREW WORM FLY THREAT FROM INDONESIA NOTED

Perth THE WEST AUSTRALIAN in English 28 Oct 82 News of the North p 2

[Article by Peter Trott]

[Text] The screw worm fly is the most immediate exotic disease threat to Australia's livestock industry and would cost more than $100 million if it entered the country and spread, the director of the Bureau of Animal Health, Dr R. W. Gee, told the NADC seminar.

In his paper delivered to the seminar in Port Hedland last week he said that the CSIRO had trapped specimens of the fly within 3km of Australian islands.

It occurs in Papua-New Guinea and Indonesia.

CSIRO has a screw worm fly research unit in PNG and this has obtained important information on monitoring and controlling the pest, Dr Gee said.

There was little history of monitoring so far and it was difficult to assess the significance of the specimens trapped.

"But we cannot discount the possibility of further spread," he said.

"The policy of transmigration adopted by the Indonesian Government has gathered momentum in recent years.

"Families and their livestock are moved from Java to other parts of the archipelago including Irian Jaya.

"This will lead to new concentrations of livestock.

"It is not easy to collect sound information on livestock concentrations but it is clearly in Australia's best interest that livestock introduced into the regions from Indonesia's western islands be free of serious diseases and that the veterinary services in Irian Jaya should be effective."

Dr Gee said a plan had been developed to combat introduction of screw worm fly using sterile males.

The Federal Government had approved the purchase of a $100,000 gamma irradiator to have ready for such a programme in which males are bred and irradiated to render them sterile.

They are then released in large quantities and because females only breed once in a lifetime, if they mate with the sterile males they cannot reproduce.

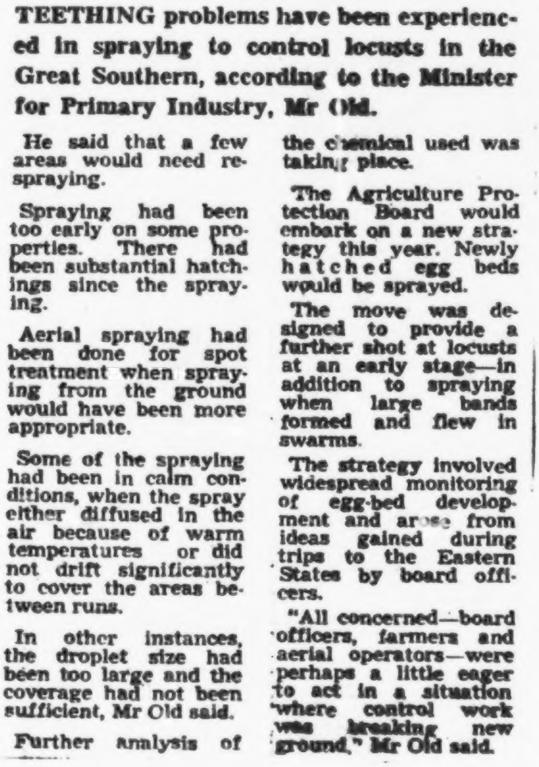
Another project to combat exotic disease outbreak is the Australian National Animal Health Laboratory at Geelong which will be used to verify suspected outbreaks without so much need for sending material to the United Kingdom to be tested.

CSO: 5400/7515

AUSTRALIA

PROBLEMS ENCOUNTERED IN LOCUST SPRAYING PROGRAM

Perth THE WEST AUSTRALIAN in English 23 Oct 82 p 8



[Text] **TEETHING problems have been experienced in spraying to control locusts in the Great Southern, according to the Minister for Primary Industry, Mr Old.**

He said that a few areas would need re-spraying.

Spraying had been too early on some properties. There had been substantial hatchings since the spraying.

Aerial spraying had been done for spot treatment when spraying from the ground would have been more appropriate.

Some of the spraying had been in calm conditions, when the spray either diffused in the air because of warm temperatures or did not drift significantly to cover the areas between runs.

In other instances, the droplet size had been too large and the coverage had not been sufficient, Mr Old said.

Further analysis of the chemical used was taking place.

The Agriculture Protection Board would embark on a new strategy this year. Newly hatched egg beds would be sprayed.

The move was designed to provide a further shot at locusts at an early stage—in addition to spraying when large bands formed and flew in swarms.

The strategy involved widespread monitoring of egg-bed development and arose from ideas gained during trips to the Eastern States by board officers.

"All concerned—board officers, farmers and aerial operators—were perhaps a little eager to act in a situation where control work was breaking new ground," Mr Old said.

CSO: 5400/7518

CONTROL OF YELLOW DWARF DISEASE OF WHEAT DISCUSSED

Beijing NONGCUN KEXUE [RURAL SCIENCE] in Chinese No 8, September 1982 p 18

[Article by Qian Youning [6929 1635 1380]: "Yellow Dwarf Disease of Wheat"]

[Text] Yellow dwarf disease is the major wheat disease in China.

It occurs in all provinces. This disease damages mostly wheat, barley, naked oats, and broom corn millet, and it can cause serious damage to wheat. In 1970, for example, as a result of yellow dwarf disease, the provinces of Shaanxi, Gansu, and Ningxia had a reduction in output of about 1 billion jin. Wheat dwarf disease virus granules are spherical polyhedrons with a diameter of 26 millimicrons (a millimicron being one one-billionth of a meter), and they can be spread only by aphids. In China maiercha aphids [7796 0059 0643 5742], wheat aphids [macrosiphum avenae (Fabricus)], yiguan aphids [4898 4619 5742], and wuwang cangguan aphids [3541 4853 7022 4619 5742], can spread them. The most powerful carrier is wheat aphids [macrosiphum avenae]. When the piercing and sucking mouth of wheat aphids penetrates the leaves and stems of diseased plants to suck out the juices, it takes only 30 minutes of sucking for wheat aphids to contract the virus. A wheat aphid carrying wheat dwarf disease can then transmit the virus to uninfected wheat by feeding on it for from 5 to 10 minutes. Happily the viruses cannot reproduce within the aphids' bodies, nor can the aphids pass the virus along to succeeding generations. Only by feeding on diseased plants themselves can newly born aphids contract the virus. This eases the problem of controlling this disease.

Once wheat contracts yellow dwarf disease, the tips of the leaves begin to turn yellow first. The yellowing follows the veins in the leaves, producing alternating yellow and green stripes on the leaves and gradually progressing to one-third to one-half of the leaf surface. The leaves become thick, hard, stiff, and upright. If the disease is contracted during the seedling stage, in serious cases the seedlings die during the period of greening up the following year. If the infection is light, the seedlings do not die, but the disease continues to develop in new leaves; tillering is reduced; serious dwarfing occurs; and there is either no spiking or else spikes are very small. If the disease is contracted during greening up or during the jointing stage, the leaves of infected plants gradually turn yellow from bottom to top. During the booting stage, from one-third to one-half of the surface of boot leaves of infected plants turn bright yellow, and the other leaves gradually turn yellow from top to bottom. Spikes depend mostly on leaves for nourishment, and boot leaves are the principal source of nutrients for spikes. So after the leaves turn yellow, the effect on yields is very great. Though plants infected during the late stage of their growth are able to form spikes, grains are blighted. Whether or not leaves of wheat plants infected with dwarf disease turn yellow has a lot to do with temperatures. When temperatures are between 15 and 20 degrees centigrade, incidence of disease is apparent, but when temperatures are above 25 degrees centigrade, there is no outbreak of the disease even though the wheat plants carry the virus. This is called latent infection. Once temperatures drop to between 15 and 20 degrees centigrade, the disease can break out.

Inasmuch as yellow dwarf disease if wheat is transmitted by aphids, the spread and degree of seriousness of this disease is closely related to the migration of aphids. When the wheat ripens and is harvested, the aphids that transmit the wheat yellow dwarf virus can no longer find sufficient nourishment, and large numbers of winged aphids then fly to their summer hosts, which are corn, gaoliang, broom corn millet, millet, paddy rice, wild-growing wheat, and numerous other plants of the grass family. However, these hosts are not necessarily hosts for the wheat dwarf virus. Only certain varieties of corn, wild wheat seedlings and grasses such as broom grass, oats, dalingfeng grass [1129 0407 7364 5430], huamei grass [3973 4168 5430], and huwei grass [5706 1442 5430] are hosts for yellow dwarf virus. When the winter wheat sown in autumn sprouts, the virus infected wheat aphids fly back from their summer hosts, spreading the virus to the wheat again so that it continues to spread.

Numbers of wheat aphids are related to temperature and humidity. Generally when October average temperatures are high and there is little rainfall, and when average temperatures during the following January and February are high with no "return to cold in spring" during March and April, conditions favor outbreaks of wheat aphids. Practice has shown that in years of serious infestations of wheat aphids [macrosiphum avenae], incidence of yellow dward disease is also great.

Control of wheat yellow dwarf disease depends mostly on prevention and all-around control. First is breeding of disease tolerant superior varieties. None of the wheat varieties currently in use has been found to be immune; they are only relatively disease resistant or disease tolerant. In general, most local peasant varieties are fairly resistant or tolerant of the disease. Second is control of aphids to prevent disease. This is currently the principal method used to control yellow dwarf disease. For early sown wheatfields in winter wheat growing areas, 3911 [phorate] may be mixed into the seeds, between 0.2 and 0.3 jin of 75 percent 3911 being used per 100 jin of wheat seeds. Between 6 and 8 jin of water should be added and stirred evenly. After mixing, the seeds should be piled and covered for 12 hours. This pesticide remains effective for about 35 days. 3911 is an intensely poisonous pesticide, so the safety of people and animals should be watched when it is used. In years when yellow dwarf disease is at normal levels, after mixing the seeds, there is no need to control aphids before the onset of winter. However, if temperatures are fairly high, the weather dry, and the incidence of wheat aphids more than between 10 and 15 per 100 wheat plan plants, spraying should be done once. Between the time when the wheat greens up and the jointing stage, control of aphids should be done once or twice more to control the spread of wheat yellow dwarf disease. Depending on the aphid situation in spring wheat growing areas, benefits frmm spraying of insecticides in early to mid May are fairly good. Insecticides that may be used include the following: a 1000 - 1500 part solution of dimethoate emulsion, a 200 - 300 part solution of 50 percent 1605 [parathion] emulsion, or alternatively 1 percent 1605 powder or 1.5 percent dimethoate powder, spraying 3 jin per mu. In addition, seeds should be sown at the right time, winter watering done, the ground compacted before the onset of winter, the ground harrowed after greening up has taken place, and tending with nightsoil intensified. All these things help reduce damage caused by yellow dwarf disease.

9432
CSO: 5400/4104

LEAF RUST SPREADING ON SUGAR PLANTATIONS

Manila PHILIPPINES DAILY EXPRESS in English 28 Nov 82 p 14

[Text] BACOLOD CITY--The word is out. The deadly leaf rust which wiped out several years back the sugarcane plantations of Cuba has been spreading rapidly in the Hawaiian-Philippines Company (HPCO) milling district in Silay City.

Leaf rush has already heavily affected some 450 hectares and slightly affected sugarcanes in about 800 hectares of the milling district.

The spread of leaf rust or Melano Sepala was confirmed by William Henry Streegan, community relations officer of the Jardine-Davies HPCO.

HE SAID a plant pathologist from the La Granja research station of the Philippine Sugar Commission had inspected the area and positively identified the rust-colored sugarcanes as suffering from the deadly virus-transmitted diseases.

Streegan said several affected planters in the HPCO area have issued an appeal to the Philsucom planters and millers relations office for assistance in curbing leaf rust which usually depletes as much as 10 to 20 percent of sugar production of infected sugarcanes.

Leaf rust has also been spotted in some plantations in the San Carlos City sugar central milling district, another Jardine-Davies-owned mill.

Strengely, leaf rust has affected only Philippine 56226 variety or sugarcane, Streegan disclosed.

LEAF RUST is usually transmitted from one area to another through cane points of infected sugarcane varieties.

Informed about the situation, Philsucom Visayas-Mindanao regional manager Eduardo Gamboa said he will confer with Fernando Cuenca, executive office of the research and development of the region supervising the La Granja research center.

CSO: 5400/4340

BRIEFS

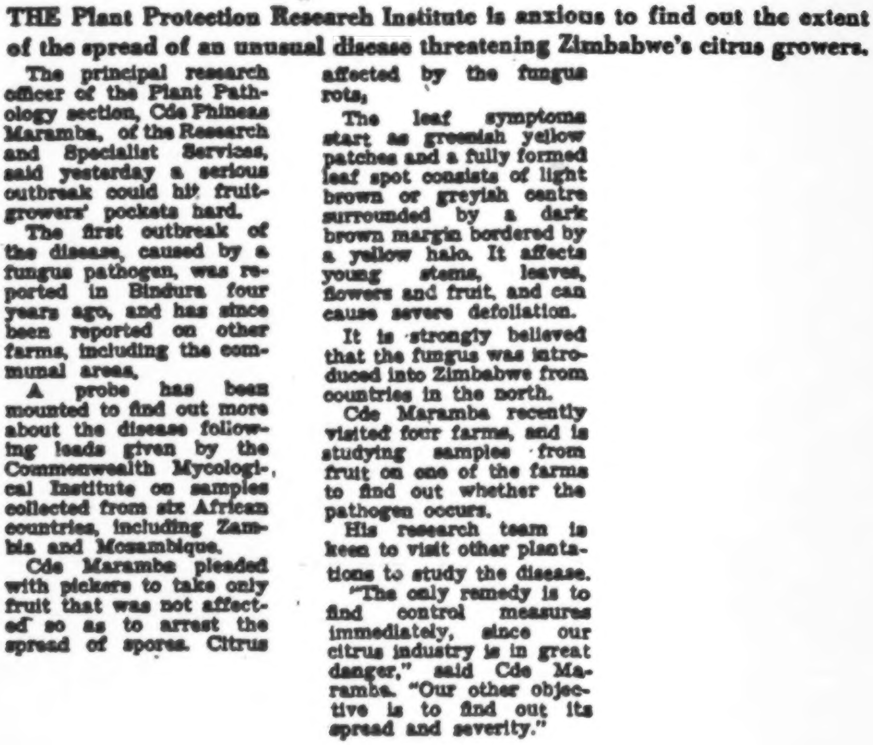
CBD CAUSES COFFEE SHORTFALL--Coffee growers in Kilimanjaro, Tanga and Morogoro regions, earned 248,196,890/- from sales of 22,701 tonnes of coffee by April this year. The Coffee Authority of Tanzania (CAT) manager for the northern zone, Philemon Makundi said, the amount was less than the 1980/81 season when growers sold 30,682 tonnes and earned 381,352,551/-. On the current crop season, Makundi said that it is likely that there will be a bigger short fall than last season's due to an outbreak of Coffee Berry Disease (CBD). "The crop has been badly hit by CBD particularly in the higher areas, where it is very cold", he said. He said that the shortfall was characteristic of coffee production after a bumper crop. The CAT bought a total of 63,500 tonnes of coffee from growers throughout the country in 1981/82. [Excerpt] [Dar es Salaam DAILY NEWS in English 23 Nov 82 p 1]

CSO: 5400/85

CITRUS DISEASE THREATENS FRUIT GROWERS

Harare THE HERALD in English 12 Nov 82 p 6

[Text]



THE Plant Protection Research Institute is anxious to find out the extent of the spread of an unusual disease threatening Zimbabwe's citrus growers.

The principal research officer of the Plant Pathology section, Cde Phineas Maramba, of the Research and Specialist Services, said yesterday a serious outbreak could hit fruitgrowers' pockets hard.

The first outbreak of the disease, caused by a fungus pathogen, was reported in Bindura four years ago, and has since been reported on other farms, including the communal areas.

A probe has been mounted to find out more about the disease following leads given by the Commonwealth Mycological Institute on samples collected from six African countries, including Zambia and Mosambique.

Cde Maramba pleaded with pickers to take only fruit that was not affected so as to arrest the spread of spores. Citrus affected by the fungus rots,

The leaf symptoms start as greenish yellow patches and a fully formed leaf spot consists of light brown or greyish centre surrounded by a dark brown margin bordered by a yellow halo. It affects young stems, leaves, flowers and fruit, and can cause severe defoliation.

It is strongly believed that the fungus was introduced into Zimbabwe from countries in the north.

Cde Maramba recently visited four farms, and is studying samples from fruit on one of the farms to find out whether the pathogen occurs.

His research team is keen to visit other plantations to study the disease.

"The only remedy is to find control measures immediately, since our citrus industry is in great danger," said Cde Maramba. "Our other objective is to find out its spread and severity."

CSO: 5400/86

END